

2002 UNIFORM BUSINESS REPORT (UBR)

522

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-22-2002 90261 014 ****61.25

DOCUMENT # 739757

1. Entity Name

EMERALD LAKES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

1401 W. HIGHWAY 50
P.O. BOX 37
CLERMONT FL 34711

Mailing Address

1401 W. HIGHWAY 50
P.O. BOX 37
CLERMONT FL 34711

2. Principal Place of Business

1401 W. Hwy. 50
Suite, Apt. #, etc.

Lot 10

City & State
Clermont, FL

Zip
34711

Country

3. Mailing Address

1401 W. Hwy. 50
Suite, Apt. #, etc.

Lot 10

City & State
Clermont, FL

Zip
34711

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGREHR, CHARLOTTE C
1401 W. HWY 50, BOX 37
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name Mary E. Mugler
Street Address (P.O. Box Number is Not Acceptable)
1401 W. Hwy 50, # 10
City Clermont FL Zip Code 34711

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Mary E. Mugler
Signature, typed or printed name of registered agent and title if applicable.

Mary E. Mugler
(NOTE: Registered Agent signature required when reinstating)

4-29-02
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, DELORES 1401 W HWY 50, #45 CLERMONT FL 34711	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGERS, COLLEEN 1401 W HWY 50 #82 CLERMONT FL 34711	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D MUGLER, MARY 1401 W HWY 50 #10 CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANGREHR, CHARLOTTE 1401 W HWY 50, # 37 CLERMONT FL 34711	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D MOHAVE, DON 1401 W HWY 50, #163 CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D SPEARS, PAT 1401 W HWY 50 #129 CLERMONT FL 34711	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary E. Mugler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02
351 243-0705

CR2E037 (9/01)