

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740281

1. Corporation Name

EMERALD LAKES LADIES' CLUB, INC.

Principal Place of Business

1401 W HWY 50 BOX 232
CLERMONT FL 34711

Mailing Address

1401 W HWY 50 BOX 232
CLERMONT FL 34711
US

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90300 026 ****61.25

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2. Principal Place of Business

21 1401 W Hwy 50

Suite, Apt. #, etc.

22 Box 232

City & State

23 Clermont Fla

Zip

24 34711

Country

25 Lake

2a. Mailing Address

26 1401 W Hwy 50

Suite, Apt. #, etc.

27 Box 232

City & State

28 Clermont Fla 34711

Zip

29 34711

Country

30 Lake

3. Date Incorporated or Qualified

09/30/1977

4. FEI Number

59-2619818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HURLBUT, JEANETTE
1401 W. HWY 50
PO BOX 10
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name Danielle Sackel
82 Street Address (P.O. Box Number is Not Acceptable)
1401 W. Hwy 50 #13
83
84 City Clermont FL 85 Zip Code 34711

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent; or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Danielle Sackel Danielle Sackel Treas 4/30/99

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ENSMINGER, MARIE	
STREET ADDRESS	1401 W. HWY 50, BOX 155	
CITY-ST-ZIP	CLERMONT, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PROSSER, GLORIA	
STREET ADDRESS	1401 W. HWY 50, BOX 154	
CITY-ST-ZIP	CLERMONT, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUGHES, BETTY	
STREET ADDRESS	1401 W. HWY 50, BOX 125	
CITY-ST-ZIP	CLERMONT, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HURLBUT, JEANETTE	
STREET ADDRESS	1401 W HWY 50, BOX 10	
CITY-ST-ZIP	CLERMONT, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD Gloria Prosser	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1401 W. Hwy 50 Box 154	
1.3 STREET ADDRESS	Clermont, Fla. 34711	
1.4 CITY-ST-ZIP		
2.1 TITLE	VD Carol Coleman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1401 W. Hwy 50 Box 169	
2.3 STREET ADDRESS	Clermont, Fla. 34711	
2.4 CITY-ST-ZIP		
3.1 TITLE	SD Maxine Hardy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1401 W. Hwy 50 #124	
3.3 STREET ADDRESS	Clermont Fla 34711	
3.4 CITY-ST-ZIP		
4.1 TITLE	TD Danielle Sackel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1401 W. Hwy 50 #13	
4.3 STREET ADDRESS	Clermont, Fla. 34711	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Danielle Sackel 4/30/99 (352) 241-9372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)