

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90050 008 ****61.25

DOCUMENT # 768921						
1. Entity Name EMERALD LAKES TOWNHOMES HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business 5842 SE WINDSONG LANE STUART, FL 34997			Mailing Address 5842 SE WINDSONG LANE STUART, FL 34997			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 59-2303888		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
ROSS, DEBORAH ESQ. 759 SW FEDERAL HWY. STUART, FL 34994			Name Street Address (P.O. Box Number is Not Acceptable) City			
FL			Zip Code			
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE SD	NAME COUGHLAN, FRANK		<input type="checkbox"/> Delete	TITLE D	NAME Lichtenberg, Robert	
STREET ADDRESS 5869 SE WINDSONG LN	CITY-ST-ZIP STUART, FL 34997		<input type="checkbox"/> Change	STREET ADDRESS 5869 SE WINDSONG LANE	CITY-ST-ZIP STUART, FL 34997	
TITLE VPD	NAME MOUSEL, ELDON		<input checked="" type="checkbox"/> Delete	TITLE VPD	NAME Lichtenberg, Robert	
STREET ADDRESS 5812 SE WINDSONG LANE	CITY-ST-ZIP STUART, FL 34997		<input type="checkbox"/> Change	STREET ADDRESS 5869 SE WINDSONG LANE	CITY-ST-ZIP STUART, FL 34997	
TITLE PD	NAME STABILE, FRANK		<input checked="" type="checkbox"/> Delete	TITLE PD	NAME Brown, Douglas	
STREET ADDRESS 5808 SE WINDSONG LANE	CITY-ST-ZIP STUART, FL 34997		<input type="checkbox"/> Change	STREET ADDRESS 5811 SE WINDSONG LANE	CITY-ST-ZIP STUART, FL 34997	
TITLE TD	NAME HORSTING, ALBERT		<input checked="" type="checkbox"/> Delete	TITLE D	NAME Engle, Ronald	
STREET ADDRESS 6147 SE WINDSONG LN	CITY-ST-ZIP STUART, FL 34997		<input type="checkbox"/> Change	STREET ADDRESS 5691 SE WINDSONG LANE	CITY-ST-ZIP STUART, FL 34997	
TITLE D	NAME LOMBARDI, ANGELO		<input checked="" type="checkbox"/> Delete	TITLE D	NAME Newlon, Ralph	
STREET ADDRESS 5845 SE WINDSONG LN	CITY-ST-ZIP STUART, FL 34997		<input type="checkbox"/> Change	STREET ADDRESS 5949 SE WINDSONG LANE	CITY-ST-ZIP STUART, FL 34997	
TITLE D	NAME BUTLER, ROBERT		<input type="checkbox"/> Delete	TITLE PD	NAME 	
STREET ADDRESS 5873 SE WINDSONG LN	CITY-ST-ZIP STUART, FL 34997		<input type="checkbox"/> Change	STREET ADDRESS 		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Robert E. Butler</u>						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
<small>Date</small>						
<small>Daytime Phone #</small>						

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01162008 Chg-NP CR2E037 (12/06)

ATTACHMENT
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ENGLE, CYNTHIA
5691 SE WINDSONG LANE
STUART, FL 34997

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