

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90003 017 ****61.25

DOCUMENT # N00000002576			
1. Entity Name EMERALD COVE PROPERTYOWNERS ASSOCIATION, INC.			
Principal Place of Business 7229 RIDGEPORT DRIVE TAMPA, FL 33647		Mailing Address 7229 RIDGEPORT DRIVE TAMPA, FL 33647	
2. Principal Place of Business P.O. Box 260200		3. Mailing Address P.O. Box 260200	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33605		Zip 33605	
Country		Country	
6. Name and Address of Current Registered Agent FITZPATRICK, MARK A 7229 RIDGEPORT DRIVE TAMPA, FL 33647		7. Name and Address of New Registered Agent 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)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		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 PD NAME HOOKER, ROY W IV STREET ADDRESS 7229 RIDGEPORT DRIVE CITY-ST-ZIP TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME GRIFFIN, H. WADE STREET ADDRESS 7229 RIDGEPORT DRIVE CITY-ST-ZIP TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS 16329 EMERALD COVE DR. CITY-ST-ZIP Lutz, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME FITZPATRICK, MARK A STREET ADDRESS 7229 RIDGEPORT DRIVE CITY-ST-ZIP TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE TD NAME KEMASTH A. ROTH STREET ADDRESS 16329 EMERALD COVE DR. CITY-ST-ZIP Lutz, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE SD NAME RHONDA HARDESTY STREET ADDRESS 16317 EMERALD COVE DR. CITY-ST-ZIP Lutz, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(i), 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: _____ <i>Kemasth A. Roth, TD</i> 3-1-04 (813) 249-1599 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			