

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000002576

1. Entity Name
EMERALD COVE PROPERTYOWNERS ASSOCIATION,
INC.



Principal Place of Business
P.O. BOX 260206
TAMPA, FL 33685

Mailing Address
P.O. BOX 260206
TAMPA, FL 33685



02072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3639771

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FITZPATRICK, MARK A
7229 RIDGEPORT DRIVE
TAMPA, FL 33647

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000229561
02/15/05-80002-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRIFFIN, H. WADE 16328 EMERALD COVE DR. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RUTH, KENNETH A 16329 EMERALD COVE DR. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HARDESTY, RHONDA 16317 EMERALD COVE DR. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-05

Date

(813) 249-1599

Daytime Phone #