



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90030 035 ****61.25

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		
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 59-3639771	
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		
FITZPATRICK, MARK A 16305 EMERALD COVE DR LUTZ, FL 33549			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 PD NAME GRIFFIN, H. WADE STREET ADDRESS 16328 EMERALD COVE DR. CITY-ST-ZIP LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete		TITLE PD NAME MARK A. FITZPATRICK STREET ADDRESS 16305 EMERALD COVE DR. CITY-ST-ZIP LUTZ, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME ROTH, KENNETH A STREET ADDRESS 16329 EMERALD COVE DR. CITY-ST-ZIP LUTZ, FL 33549	<input type="checkbox"/> Delete		TITLE SD NAME NORM ABDALLAH STREET ADDRESS 5516 RAVEN CT CITY-ST-ZIP TAMPA, FL 33556	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME HARDESTY, RHONDA STREET ADDRESS 16317 EMERALD COVE DR. CITY-ST-ZIP LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME LINDA ODOM STREET ADDRESS 11506 JOSHUA BEND DR. CITY-ST-ZIP TAMPA, FL 33612	<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	
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	
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 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: 			2-22-08 813-240-1599		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		