

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002789

FILED
Jan 24, 2006
Secretary of State

Entity Name: EMERALD LAKES CO-OP, INC.

Current Principal Place of Business:

444 SEABREEZE BLVD #660
DAYTONA BEACH, FL 32118

New Principal Place of Business:

444 SEABREEZE BLVD
#660
DAYTONA BEACH, FL 32118

Current Mailing Address:

444 SEABREEZE BLVD #660
DAYTONA BEACH, FL 32118

New Mailing Address:

444 SEABREEZE BLVD
#660
DAYTONA BEACH, FL 32118

FEI Number: 52-2276697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAN, PAUL L
646 E COLONIAL DRIVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUBICK, LAWRENCE
Address: 1401 W HWY 50 # 6
City-St-Zip: CLERMONT, FL 34711

Title: VD () Delete
Name: MATHIEU, PAUL
Address: 1401 W HWY 50;#121
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: MACGREGOR, MARGARET L
Address: 1401 W HWY 50;#138
City-St-Zip: CLERMONT, FL 34711

Title: PD () Delete
Name: COLEMAN, JACK
Address: 1401 W HWY 50
City-St-Zip: CLERMONT, FL 34711

Title: DS () Delete
Name: BENTLEY, JEANETTE
Address: 1401 W HWY 50; #172
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: PROSSER, GLORIA
Address: 1401 W. HWY 50
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK COLEMAN

PD

01/24/2006

Electronic Signature of Signing Officer or Director

Date