

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002789

FILED
Feb 17, 2009
Secretary of State

Entity Name: EMERALD LAKES CO-OP, INC.

Current Principal Place of Business:

1401 WEST HIGHWAY 50
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1401 WEST HIGHWAY 50
CLERMONT, FL 34711

New Mailing Address:

2430 S ATLANTIC AVE
C
DAYTONA BEACH SHORES, 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: DT () Delete
Name: MACGREGOR, WALTER
Address: 1401 W HWY 50
City-St-Zip: CLERMONT, FL 34711

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

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

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

Title: DS () Delete
Name: JONES, SANDRA
Address: 1401 W HWY 50;
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: SMITH, GENE
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
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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 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: DAVID LAFEVERS

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date