



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90176 003 ****61.25

DOCUMENT # N01000001369 1. Entity Name THE EMERALD POINTE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 39602 AMETHYST WAY ZEPHYRHILLS FL 33540		Mailing Address 3324 MALACHITE DRIVE ZEPHYRHILLS FL 33540			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 39602 Amethyst Way Suite, Apt. #, etc.			
City & State Zephyrhills, Florida		City & State Zephyrhills, Florida		4. FEI Number 59-3493230 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip 33540 Country Pasco		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent ALDRED, PHIL 3508 MALACHITE DR ZEPHYRHILLS FL 33540				7. Name and Address of New Registered Agent Name Roberta Cobb Street Address (P.O. Box Number is Not Acceptable) 39602 Amethyst Way City Zephyrhills FL Zip Code 33540	
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 <u>Roberta Cobb, President Roberta Cobb</u> DATE <u>4-03-06</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW! FEE IS \$61.25 Due By May 1, 2006		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 <input checked="" type="checkbox"/> Delete NAME ALDRED, PHIL STREET ADDRESS 39602 AMETHYST WAY CITY-ST-ZIP ZEPHYRHILLS FL 33540	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Nancy Muffick STREET ADDRESS 39602 Amethyst Way CITY-ST-ZIP Zephyrhills, FL 33540				
TITLE <input checked="" type="checkbox"/> Delete NAME ROBERTSON, BOB STREET ADDRESS 3413 TOURMALINE CITY-ST-ZIP ZEPHYRHILLS FL 33540	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Leo Muehlenberg STREET ADDRESS 39602 Amethyst Way CITY-ST-ZIP Zephyrhills, FL 33540				
TITLE <input checked="" type="checkbox"/> Delete NAME MCCORKLE, LYN K STREET ADDRESS 3443 PERIDOT CITY-ST-ZIP ZEPHYRHILLS FL 33540	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Jim Seeman STREET ADDRESS 39602 Amethyst Way CITY-ST-ZIP Zephyrhills, FL 33540				
TITLE <input type="checkbox"/> Delete NAME BARBIAN, THOMAS N STREET ADDRESS 3516 AQUAMARINE WAY CITY-ST-ZIP ZEPHYRHILLS FL 33540	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Vickie Edgerman STREET ADDRESS 39602 Amethyst Way CITY-ST-ZIP Zephyrhills, FL 33540				
TITLE <input type="checkbox"/> Delete NAME COBB, ROBERTA STREET ADDRESS 39714 AMETHYST WAY CITY-ST-ZIP ZEPHYRHILLS FL 33540	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Barbara Sullivan STREET ADDRESS 39602 Amethyst Way CITY-ST-ZIP Zephyrhills, FL 33540				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Roberta Cobb President Roberta Cobb</u> DATE <u>4/3/06</u> 813 779-2373 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					