


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90027 034 ****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 39602 AMETHYST WAY ZEPHYRHILLS, FL 33540	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COBB, ROBERTA <i>change</i> 39602 AMETHYST WAY ZEPHYRHILLS, FL 33540		Name THOMAS N. BARBIAN Street Address (P.O. Box Number is Not Acceptable) 39602 AMETHYST WAY City ZEPHYRHILLS FL 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 <i>Thomas N. Barbian</i>		SIGNATURE <i>Thomas N. Barbian</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <i>3/10/07</i>		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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	T	TITLE	T
NAME	EDGE MAN, VICKI	NAME	TOM TIROHN
STREET ADDRESS	39602 AMETHYST WAY	STREET ADDRESS	39602 AMETHYST WAY
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	S	TITLE	D
NAME	SULLINS, BARBARA	NAME	TOM BARBIAN
STREET ADDRESS	39602 AMETHYST WAY	STREET ADDRESS	39602 AMETHYST WAY
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	D	TITLE	D
NAME	SEAMON, JIM	NAME	BARRY FULLER
STREET ADDRESS	39602 AMETHYST WAY	STREET ADDRESS	39602 AMETHYST WAY
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	D	TITLE	D
NAME	MSUHLENBERG, LEO	NAME	PHIL ALDRED
STREET ADDRESS	39602 AMETHYST WAY	STREET ADDRESS	39602 AMETHYST WAY
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	D	TITLE	D
NAME	COBB, ROBERTA	NAME	PAT RILEY
STREET ADDRESS	39714 AMETHYST WAY	STREET ADDRESS	39602 AMETHYST WAY
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	D	TITLE	D
NAME	MUFFICIT, NANCY	NAME	CB EDWARDS
STREET ADDRESS	39602 AMETHYST WAY	STREET ADDRESS	39602 AMETHYST WAY
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
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: <i>Thomas N. Barbian, President</i>		DATE <i>3/10/07</i> 813-469-9596	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



01312007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3493230

Applied For
Not Applicable

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