

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90143 043 \*\*\*\*61.25

**DOCUMENT # N01000008135**

1. Entity Name  
**EMERALD POINTE TOWNHOMES AT TAMPA PALMS  
OWNERS ASSOCIATION, INC..**



Principal Place of Business  
**1050 A ELW PARKWAY  
OLDSMAR, FL 34677**

Mailing Address  
**1050 A ELW PARKWAY  
OLDSMAR, FL 34677**

40051108



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

**720 Brooker Creek Blvd. #206**

City & State

**Oldsmar, FL 34677**

Zip

Country

02222007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**26-0014813**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCANNAVINO, INC  
1050 A ELW PKWY  
OLDSMAR, FL 34677**

Name

**Scannavino, Inc.**

Street /

**720 Brooker Creek Blvd. #206**

City

**Oldsmar, FL 34677**

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME YEOMAN-SNELL, GAIL ☐ Delete  
STREET ADDRESS 16313 WORCHESTER PALMS CT  
CITY-ST-ZIP TAMPA, FL 33647

TITLE VD ☒ Delete  
NAME NOREN, DIANE  
STREET ADDRESS 16310 WORCHESTER PALMS CT  
CITY-ST-ZIP TAMPA, FL 33647

TITLE SD ☒ Delete  
NAME BROWN, KESIA  
STREET ADDRESS 6206 CLIFTON PALMS DR  
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-07

Date

Daytime Phone #