

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # N0100008135**



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

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 \_\_\_\_\_

**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 \_\_\_\_\_

**7. Name and Address of New Registered Agent**

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**

*Gail Yeoman-Snell*

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**

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YEOMAN-SNELL, GAIL 16313 WORCHESTER PALMS CT TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOREN, DIANE 16310 WORCHESTER PALMS CT TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, KESIA 6206 CLIFTON PALMS DR TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Gail Yeoman-Snell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-21-07*

Date

Daytime Phone #

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

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

*40051108*



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**

7. Name and Address of New Registered Agent