


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000002245</b>	
1. Entity Name <b>WOODS OF LAKE EMMA HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>P.O. BOX 452 GROVELAND, FL 34736</b>	Mailing Address <b>P.O. BOX 452 GROVELAND, FL 34736</b>
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**DO NOT WRITE IN THIS SPACE**



03232004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>82-0538912</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>KREBILL, ERIC R 18110 MORRISON STREET GROVELAND, FL 34736</b>
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**DO NOT WRITE IN THIS SPACE**

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>1100000096997</b> <b>03/26/04-80020-025 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOLT, MIKE 6920 MARLYAND AVE. GROVELAND, FL 34736</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MANUS, VICTORIA 18205 MARKET ST. GROVELAND, FL 34736</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAYRY, GEORGE 18148 VILLA CITY RD. GROVELAND, FL 34736</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

<b>SIGNATURE:</b> <u><i>Victoria Manus</i></u>	<b>3/25/04</b>	<b>321-929-46176</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>