

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000005309

1. Entity Name
**EMORY TOWNHOUSES CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business

**1614 EOLA DR
ORLANDO, FL 32806**

Mailing Address

**1614 EOLA DR
ORLANDO, FL 32806**



01192006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0428376

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREGG, DEREK
216 EMORY PLACE
ORLANDO, FL 32804**

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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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee Is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

GREGG, DEREK

STREET ADDRESS

216 EMORY PLACE

CITY-ST-ZIP

ORLANDO, FL 32804

TITLE

T

NAME

TRULOVE, SAUNDRA M

STREET ADDRESS

1614 EOLA DR

CITY-ST-ZIP

ORLANDO, FL 32806

TITLE

S

NAME

RODWELL, MARK

STREET ADDRESS

214 EMORY PLACE

CITY-ST-ZIP

ORLANDO, FL 32804

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1000007456584
10/16/05-80033-013 01.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/06 407-228-9595
Date Daytime Phone #