


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90048 012 ****70.00

DOCUMENT # N02000009419 1. Entity Name EMERALD HARBOUR HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 35 FILLMORE COURT SATELLITE BEACH, FL 32937			Mailing Address 35 FILLMORE COURT SATELLITE BEACH, FL 32937		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 42-1563031	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARNHILL, MARY 35 FILLMORE COURT SATELLITE BEACH, FL 32937			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	PD	ROLLINS, ALBERT	27 ARTHUR CT SATELLITE BEACH, FL		PD
					WISNER, MONICA
					3 ARTHUR COURT SATELLITE BEACH FL 32937
					VD
					JACK SIPPEL
					11 FILLMORE COURT SATELLITE BEACH FL 32937
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mary K Barnhill					
MARY K BARNHILL 3/28/05 321-779-3156					



02042005 Chg-NP CR2E037 (10/03)

4. FEI Number
42-1563031

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROLLINS, ALBERT
27 ARTHUR CT
SATELLITE BEACH, FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WISNER, MONICA
3 ARTHUR CT
SATELLITE BEACH, FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
JATSKO, DENISE
32 ADAMS COURT
SATELLITE BEACH, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BARNHILL, MARY
35 FILLMORE COURT
SATELLITE BEACH, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
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CITY-ST-ZIP
PD
WISNER, MONICA
3 ARTHUR COURT
SATELLITE BEACH FL 32937

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
VD
JACK SIPPEL
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SATELLITE BEACH FL 32937

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #