

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002909

FILED
Apr 16, 2004
Secretary of State**Entity Name:** EMERALD COVE HOMEOWNERS ASSOCIATION OF APOPKA, INC.**Current Principal Place of Business:**2281 LEE ROAD STE 103
WINTER PARK, FL 32789**New Principal Place of Business:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US**Current Mailing Address:**2281 LEE ROAD STE 103
WINTER PARK, FL 32789**New Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US**FEI Number:** 57-1169550**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AVERY, DELL
2281 LEE ROAD STE 103
WINTER PARK, FL 32789**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: AVERY, DELL
Address: 2281 LEE ROAD STE 103
City-St-Zip: WINTER PARK, FL 32789**Title:** D () Delete
Name: PIETKIWEICZ, STANLEY T
Address: 2281 LEE ROAD STE 103
City-St-Zip: WINTER PARK, FL 32789**Title:** D () Delete
Name: FULMER, KENNETH
Address: 2281 LEE ROAD STE 103
City-St-Zip: WINTER PARK, FL 32789**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: AVERY, DELL
Address: 2281 LEE ROAD STE 103
City-St-Zip: WINTER PARK, FL 32789**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELL AVERY

PD

04/16/2004

Electronic Signature of Signing Officer or Director

Date