

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90016 009 ****61.25

DOCUMENT # N03000002909

1. Entity Name
**EMERALD COVE HOMEOWNERS ASSOCIATION OF
APOPKA, INC.**



Principal Place of Business
**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US**

Mailing Address
**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112008 Chg-NP CR2E037 (12/06)

4. FEI Number
57-1169550

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HART, JR, JAMES W
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	PD	<input type="checkbox"/> Delete
NAME	DOYLE, MATTHEW	
STREET ADDRESS	2214 KINGSCREST CIR	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ARNOLD, BRAD	
STREET ADDRESS	2098 KINGSCREST BLVD	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOXEY, MITZI	
STREET ADDRESS	2271 WINDSOR CREST LOOP	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUGGS, TROD	
STREET ADDRESS	1869 EMERALD COVE BLVD	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHUBA, KEN	
STREET ADDRESS	2247 WINDSOR CREST LOOP	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILA, GEORGE	
STREET ADDRESS	1875 EMERALD COVE BLVD	
CITY-ST-ZIP	APOPKA, FL 32712	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUSTIN, GRADY	
STREET ADDRESS	1866 DURBAN WAY	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FENTY, ANTHONY	
STREET ADDRESS	2147 HAYFIELD WAY	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRACKEN, ANDREA L	
STREET ADDRESS	2353 KINGSCREST CIR	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Andrea L. Brackin **Andrea L. Brackin** 3/18/08 407-697-2622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #