

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000006509

1. Entity Name  
EMERSON ROADWAY ASSOCIATION, INC.



Principal Place of Business

27499 RIVERVIEW CTR BLVD STE 134  
BONITA SPRINGS, FL 34134

Mailing Address

27499 RIVERVIEW CTR BLVD STE 134  
BONITA SPRINGS, FL 34134

*James H. Keefe*  
**FILED**  
**Jun 20, 2008 08:00 AM**  
**Secretary of State**  
02



05072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2394411

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LOEHR, TIMOTHY J  
OMNI MGMT SRVS. OF FLORIDA, INC  
27499 RIVERVIEW CTR BLVD STE 134  
BONITA SPRINGS, FL 34134

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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 reinstating)

DATE

**Filing Fee is \$81.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOVACK, CHRIS 6326 PRESIDENTIAL CT STE 2 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADRAIN, ALVARO 27499 RIVERVIEW CTR BLVD STE 134 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LISTON, DAVID L 5801 PELICAN BAY BLVD STE 600 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000953282  
06/20/08-80001-017 61.25

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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

Date

Daytime Phone #