

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000000794

1. Entity Name
EMERALD LAKE MASTER ASSOCIATION, INC.



Principal Place of Business
4495 EMERALD VISTA
LAKE WORTH, FL 33461

Mailing Address
4495 EMERALD VISTA
LAKE WORTH, FL 33461



02222007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAWKINS, LAWRENCE B.
4495 EMERALD VISTA
LAKE WORTH, FL 33461

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000656326
03/14/07-80021-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HAWKINS, LAWRENCE B.
STREET ADDRESS	4495 EMERALD VISTA
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	DVPS
NAME	THOMAS, STEPHEN C.
STREET ADDRESS	8415 NW 46TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	D
NAME	HAWKINS, TINA
STREET ADDRESS	4495 EMERALD VISTA
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	D
NAME	BREAKEY, KIRK
STREET ADDRESS	4495 EMERALD VISTA
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

3/1/07
Date

561-304-1645
Daytime Phone #