FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23164 (9)

1. Corporation Name
EMERALD LAKE HOME OWNERS' ASSOCIATION UNIT I, IN C.

Principal Place of Business	Mailing Address
%ROYANN C. FODOR 2530 OAK STREET KISSIMMEE FL 34744 US	%ROYANN C. FODOR 2530 OAK STREET KISSIMMEE FL 34744 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1987
3a. Date of Last Report: 04/28/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1484 Patricia St.	26 1484 Patricia St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Kissimmee Fl.	28 City & State: Kissimmee Fl.
24 Zip: 34744 25 Country: US	29 Zip: 34744 30 Country: US

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FODOR, ROYANN C. 2530 OAK STREET KISSIMMEE FL 32741	81 Name: Jean L. Troxell 82 Street Address (P.O. Box Number is Not Acceptable): 1484 Patricia St. 83 84 City: Kissimmee FL 85 Zip: 34744

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE / (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	T	☒ Change ☐ Addition
NAME	FODOR, ROYANN C.	1.2 NAME	Jean L.Troxell	
STREET ADDRESS	2530 OAK STREET	1.3 STREET ADDRESS	1484 Patricia St.	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Kissimmee Fl. 34744	
TITLE	P	2.1 TITLE	P	☒ Change ☐ Addition
NAME	SWEETEN, STEVE	2.2 NAME	Steve Sweetman	
STREET ADDRESS	2655 ANN AVE	2.3 STREET ADDRESS	2655 Ann Ave	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	Kissimmee Fl. 34744	
TITLE	VD	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	MARTIN, JOE	3.2 NAME	Bob Gee	
STREET ADDRESS	2645 ELLEN AVE	3.3 STREET ADDRESS	1410 Emerald Dr.	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	Kissimmee Fl. 34744	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	SOPER, NADINE	4.2 NAME		
STREET ADDRESS	1554 FRANCES ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	QUINN, DANNY	5.2 NAME	Dr.Darrow Getty	
STREET ADDRESS	1416 PATRICIA STREET	5.3 STREET ADDRESS	2661 Ann Ave	
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	Kissimmee Fl. 34744	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	NAIRN, BUD	6.2 NAME		
STREET ADDRESS	1591 FRANCES STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean L. Troxell Jean L. Troxell April 19 1995 846-4006
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000013