

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N23164 (9)

1. Corporation Name

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



Principal Place of Business

Mailing Address

**%ROYANN C. FODOR
1484 PATRICIA ST.
KISSIMMEE FL 34744
US**

**%ROYANN C. FODOR
1484 PATRICIA STREET
KISSIMMEE FL 34744
US**

3. Date Incorporated or Qualified

10/26/1987

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. F.E.I. Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

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

Zip

Country

Zip

Country

24

25

29

30

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

**TROXELL, JEAN L
1484 PATRICIA STREET
KISSIMMEE FL 34744**

81 Name

TROXELL, JEAN

82 Street Address (P.O. Box Number is Not Acceptable)

1484 PATRICIA STREET

83

KISSIMMEE, FLA. 34744

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE ☐ DELETE

NAME **T**
TROXELL, JEAN L.
STREET ADDRESS **1481 PATRICIA STREET**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ DELETE

NAME **P**
SWEETMAN, STEVE
STREET ADDRESS **2655 ANN AVENUE**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ DELETE

NAME **VP**
GEE, BOB
STREET ADDRESS **1410 EMERALD DRIVE**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ DELETE

NAME **S**
SOPER, NADINE
STREET ADDRESS **1554 FRANCES ST**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ DELETE

NAME **D**
GETTY, DARROW D
STREET ADDRESS **2661 ANN AVENUE**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ DELETE

NAME **D**
NAIRN, BUD
STREET ADDRESS **1591 FRANCES STREET**
CITY-ST-ZIP **KISSIMMEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **T**
TROXELL, JEAN
1.3 STREET ADDRESS **1484 PATRICIA STREET**
1.4 CITY-ST-ZIP **KISSIMMEE, FLA. 34744**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **P**
NAIRN, BUD
2.3 STREET ADDRESS **1591 FRANCES STREET**
2.4 CITY-ST-ZIP **KISSIMMEE, FLA. 34744**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **VP**
RODRIGUE, JOE
3.3 STREET ADDRESS **1421 EMERALD DRIVE**
3.4 CITY-ST-ZIP **KISSIMMEE, FLA. 34744**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **S**
SWEETMAN, ARLENE
4.3 STREET ADDRESS **2655 ANN AVENUE**
4.4 CITY-ST-ZIP **KISSIMMEE, FLA. 34744**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **R**
RILEY, JIM
6.3 STREET ADDRESS **2665 LUCY AVENUE**
6.4 CITY-ST-ZIP **KISSIMMEE, FLA. 34744**

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)(k) 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96 846-4006
Date Daytime Phone #

CR2E037 (12/95)