

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23164 (9)**

1. Corporation Name

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

Principal Place of Business  
**Jean L. Troxell**  
**WYOMING C. FODOR**  
1484 PATRICIA ST.  
KISSIMMEE FL 34744  
US

Mailing Address  
**Jean L. Troxell**  
**WYOMING C. FODOR**  
1484 PATRICIA STREET  
KISSIMMEE FL 34744-4996  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/26/1987</b>	3a. Date of Last Report <b>03/20/1996</b>
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>TROXELL, JEAN L</b> <b>1484 PATRICIA STREET</b> <b>KISSIMMEE FL 34744</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TROXELL, JEAN L.</b>	1.2 NAME	
STREET ADDRESS	<b>1484 PATRICIA ST</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KISSIMMEE FL</b>	1.4 CITY - ST - ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWEETMAN, STEVE</b>	2.2 NAME	<b>Harvey Trejos</b>
STREET ADDRESS	<b>2655 ANN AVENUE</b>	2.3 STREET ADDRESS	<b>1540 Frances st.</b>
CITY - ST - ZIP	<b>KISSIMMEE FL</b>	2.4 CITY - ST - ZIP	<b>Kiss FL.</b>
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEE, BOB</b>	3.2 NAME	<b>Joe Rodrigue</b>
STREET ADDRESS	<b>1410 EMERALD DRIVE</b>	3.3 STREET ADDRESS	<b>1421 Emerald dr.</b>
CITY - ST - ZIP	<b>KISSIMMEE FL</b>	3.4 CITY - ST - ZIP	<b>Kiss FL.</b>
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUPER, MADINE</b>	4.2 NAME	<b>Becky salem</b>
STREET ADDRESS	<b>1554 FRANCES ST</b>	4.3 STREET ADDRESS	<b>2644 Robin Ave.</b>
CITY - ST - ZIP	<b>KISSIMMEE FL</b>	4.4 CITY - ST - ZIP	<b>Kiss. FL.</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GETTY, DARROW D</b>	5.2 NAME	
STREET ADDRESS	<b>2661 ANN AVENUE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KISSIMMEE FL</b>	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAIRN, BUD</b>	6.2 NAME	<b>James Riley</b>
STREET ADDRESS	<b>1591 FRANCES STREET</b>	6.3 STREET ADDRESS	<b>2665 Lucy Ave.</b>
CITY - ST - ZIP	<b>KISSIMMEE FL</b>	6.4 CITY - ST - ZIP	<b>Kiss. FL.</b>

14. I do hereby certify that the information supplied with this filing 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** Date: **2-22-97** Daytime Phone # **(407) 846-4006**

CR2E037 (9/96)