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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 03 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(9)

EMERALD LAKE HOME OWNERS' ASSOCIATION UNIT I, IN

US 2. Principal Place of Business 2. Mailing Address 4. FEI Number Applied For NOT APPLICABLE Applied For Not Applied For NOT APPLICABLE Applied For Not Applied	C. Principal Place of Business ell Mailing Address proxell Sean I. Troxell Sean I. Troxe										
Suite, Api #, etc Suite,		34744	KISSIMMEE FL 34744-4996 US			3. Date Incorporated or Qualified 10/26/1987	3a. Da	ate of Last Re 03/20/19	eport 96		
City & State City & Country City & State City & Country City & State City & Country City & Cou	- , '	lace of Business	├ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			- I	4. FEI Number NOT APPLICABLE		<u> </u>		
Trust Fund Contribution Added to Fees	_	#, etc					5. Certificate of Status Desired				
Zip Country Zip Country Zip Country Zip Country Size Zip Zi		е	— ´								
TROXELL, JEAN L 1849 PATRICIA STREET KISSIMMEE FL 34744 11. Pursuant to the provisions of Sections 617,0502 and 612,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and 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, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. DIRECTOR IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. TIME 17. LADITISTS-1.2PP 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. NAME 19. TROXELL, JEAN L. 12. NAME 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. CHANGES AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICER	Zıp	├	Zip		untry					199,032,	
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11. Pursuant to the provisions of Soctions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 am tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE TO PROVIDE A STATE AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TRILE TROXELL, JEAN L. STREET ADDRESS CITY-S1-2P KISSIMMEE FL AUTILE POLICE 22 NAME 1460Y-S1-2P KISSIMMEE FL Additional STREET ADDRESS CITY-S1-2P KISSIMMEE FL Additional STREET ADDRESS KISSIMMEE FL A	1484 PATRICIA STREET				83	Street A	ddress (P.O. Box Number is Not Accepte	ible)			
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 agent in 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 in the purpose of changing its registered agent in 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 with in the purpose of changing its registered agent with in the purpose of changing its registered agent with purpose of changing its registered agent with purpose of changing its registered agent with purpose of change agent in the purpose of changing its registered agent with purpose of change agent in the purpose of changing its registered agent with purpose of change agent in the purpose of change agent						City		E 1	85 Zip (Code	
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						1	Kiss. Fl.				
			DELETE			· LIP			Change	Addition	

64 CITY-ST-ZIP 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.

5.2 NAME

6.1 TITLE

62 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

GETTY, DARROW D

2661 ANN AVENUE

1591 FRANCES STREET

KISSIMMEE FL

NAIRN, BUD

KISSIMMEE FL

James Riley

giss. Fl.

2665 Lucy Ave.