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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1484 PATRICIA ST. KISSIMMEE FL 34744 US	Mailing Address JEAN L. TROXELL 1484 PATRICIA STREET KISSIMMEE FL 34744 US
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3. Date Incorporated or Qualified
10/26/1987

4. FEI Number
NOT APPLICABLE

Applied For ☐ Not Applicable ☒

2. Principal Place of Business 21 Becky SALEM Suite, Apt., etc. 22 2644 Robin Av City & State 23 Kiss FL Zip 24 34744 Country 25 USA	2a. Mailing Address 26 BECKY SALEM Suite, Apt., etc. 27 2644 Robin Av City & State 28 Kiss FL Zip 29 34744 Country 30 USA
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6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**TROXELL, JEAN L
1484 PATRICIA STREET
KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent

81 Name **Becky SALEM**

82 Street Address (P.O. Box Number is Not Acceptable)
2644 Robin Av

83

84 City **Kissimmee** FL 85 Zip Code **34744**

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 **Becky Salem Secretary** DATE **3/26/98**

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

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	TROXELL, JEAN L.	
STREET ADDRESS	1484 PATRICIA ST	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TREJOS, HARVEY	
STREET ADDRESS	1540 FRANCES ST	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RODRIGUE, JOE	
STREET ADDRESS	1421 EMERALD DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SALEM, BECKY	
STREET ADDRESS	2644 ROBIN AVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GETTY, DARROW D	
STREET ADDRESS	2681 ANN AVENUE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RILEY, JAMES	
STREET ADDRESS	2685 LUCY AVE	
CITY-ST-ZIP	KISSIMMEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE: **Becky Salem** DATE **3/26/98**

CR2E037 (10/97)