

FILE # 61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

EMERALD LAKE HOMEOWNERS
ASSOCIATION. # UNIT F, INC

Principal Place of Business

Mailing Address

1540 FRANCES ST.
KISSIMMEE FLORIDA 34744

2. Principal Place of Business

2a. Mailing Address

21 1540 FRANCES ST

26 1540 FRANCES ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 KISSIMMEE

27 KISSIMMEE

City & State

City & State

23 FLORIDA

28 FLORIDA

Zip

Country

Zip

Country

24 34744

25 FLORIDA

29 34744

30 FLORIDA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVARO S. TREJOS
1540 FRANCES ST
KISSIMMEE FLORIDA.
34744 1-(407) 898-9039

81 Name

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

83

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITILE T TROXELL, JEAN L. ☐ DELETE
NAME 1484 PATRICIA ST
STREET ADDRESS KISSIMMEE, FL.
CITY-ST-ZIP

TITILE P ~~HARVEY~~ TREJOS, HARVEY ☐ DELETE
NAME 1540 FRANCES ST.
STREET ADDRESS KISSIMMEE, FL.
CITY-ST-ZIP

TITILE VP RODRIGUE, JOE ☐ DELETE
NAME 1421 EMERALD DR.
STREET ADDRESS KISSIMMEE FL.
CITY-ST-ZIP

TITILE S SALEM BECKY ☐ DELETE
NAME 2644 ROBIN AVE
STREET ADDRESS KISSIMMEE, FL.
CITY-ST-ZIP

TITILE D GETTY, DARROW D ☐ DELETE
NAME 2601 ANN AVE.
STREET ADDRESS KISSIMMEE, FL.
CITY-ST-ZIP

TITILE D RILEY, JAMES. ☐ DELETE
NAME 2665 LUCY AVE
STREET ADDRESS KISSIMMEE FL.
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90001 006 ****61.25

CR2E037 (11/98)