

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23164

1. Entity Name

EMERALD LAKE HOME OWNERS' ASSOCIATION UNIT I, IN

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90209 011 ****61.25

Principal Place of Business

Mailing Address

1540 FRANCES ST
KISSIMMEE FL 34744
US

1540 FRANCES ST
KISSIMMEE FL 34744
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TREJOS, ALVARO S

1540 FRANCES ST

KISSIMMEE FL 34744

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	TROXELL, JEAN L	1484 PATRICIA ST	KISSIMMEE FL	<input type="checkbox"/>
P	TREJOS, HARVEY	1540 FRANCES ST	KISSIMMEE FL	<input type="checkbox"/>
VP	RODRIGUE, JOE	1421 EMERALD DR	KISSIMMEE FL	<input type="checkbox"/>
S	SALEM, BECKY	2644 ROBIN AVE	KISSIMMEE FL	<input type="checkbox"/>
D	GETTY, DARROW D	2661 ANN AVENUE	KISSIMMEE FL	<input type="checkbox"/>
D	RILEY, JAMES	2665 LUCY AVE	KISSIMMEE FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 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 #

CR2E037 (5/00)