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NONPROFIT CORPORATION ANNUAL REPORT 2001

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

DOCUMENT # N23164

1. Corporation Name EMERALD LAKE HOMEOWNERS ASSOCIATION # UNIT I, INC

Principal Place of Business
1109 MAIRI CRT
KISSIMMEE FLORIDA 34744

Mailing Address
[redacted]

2. Principal Place of Business
21 1109 MAIRI CRT
Suite, Apt. #, etc.
22 KISSIMMEE
City & State
23 FLORIDA
Zip 24 34744 Country 25 OSCEOLA.

2a. Mailing Address
26 1109 MAIRI CRT
Suite, Apt. #, etc.
27 KISSIMMEE
City & State
28 FLORIRA.
Zip 29 34744 Country 30 OSCEOLA.

3. Date Incorporated or Qualified

4. FEI Number N/A — Applied For ☐ Not Applicable ☐

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

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

9. Name and Address of Current Registered Agent

ALVARO J. TREJOS
1109 MAIRI CRT
KISSIMMEE FLORIDA.
34744 1-(407) 898-9039

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	TROXELL, JEAN L. 1484 PATRICIA ST KISSIMMEE, FL. 34744 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	TREJOS ALVARO. J 1109 MAIRI CRT KISSIMMEE, FL. 34744 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUE, JOE. 1421 EMERALD DR KISSIMMEE, FL. 34744 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	SALEM BECKY 2644 ROBIN AVE KISSIMMEE, FL. 34744 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	GETTY, DARROW D 2661 ANN AVE. KISSIMMEE, FL. 34744 ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	RILEY, JAMES. 2665 LUCY AVE KISSIMMEE FL. 34744 ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Alvaro J. Trejos 04/13/01 (1-407) 898 9039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #