2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N23164

1. Entity Name
EMERALD LAKE HOME OWNERS' ASSOCIATION UNIT I, INC.

Principal Place of Business
1484 PATRICIA ST
KISSIMMEE, FL 34744 US

Mailing Address
1484 PATRICIA ST
KISSIMMEE, FL 34744 US

01062005 No Chg-NP CR2E037 (10/03)

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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

TROXELL, JEAN L
1484 PATRICIA ST
KISSIMMEE, FL 34744

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee Is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	TROXELL, JEAN L.
STREET ADDRESS	1484 PATRICIA ST
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	P
NAME	TREJOS, ALVARO J
STREET ADDRESS	1109 MAIRI CRT
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	VP
NAME	RODRIGUE, JOE
STREET ADDRESS	1421 EMERALD DR
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	S
NAME	SALEM, BECKY
STREET ADDRESS	2644 ROBIN AVE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	GETTY, DARROW D
STREET ADDRESS	2661 ANN AVENUE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	RILEY, JAMES
STREET ADDRESS	2665 LUCY AVE
CITY-ST-ZIP	KISSIMMEE, FL 34744

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04/16/05-80018-001 61.25

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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: Jean L Troxell 4-12-05 407-846-4006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #