

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2007 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**



06012007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TROXELL, JEAN L.
1484 PATRICIA ST
KISSIMMEE, FL 34744**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TREJOS, ALVARO J
1109 MAIRI CRT
KISSIMMEE, FL 34744**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RODRIGUE, JOE
1421 EMERALD DR
KISSIMMEE, FL 34744**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SALEM, BECKY
2644 ROBIN AVE
KISSIMMEE, FL 34744**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GETTY, DARROW D
2661 ANN AVENUE
KISSIMMEE, FL 34744**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RILEY, JAMES
2665 LUCY AVE
KISSIMMEE, FL 34744**

U00000765970
06/06/07-80003-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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