2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008
Secretary of State

DOCUMENT# N23164

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

Current Principal Place of Business:

1484 PATRICIA ST
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

1484 PATRICIA ST
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TROXELL, JEAN L
1484 PATRICIA ST
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	TROXELL, JEAN L.	
Address:	1484 PATRICIA ST	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	P	( ) Delete
Name:	TREJOS, ALVARO J	
Address:	1109 MAIRI CRT	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	VP	( ) Delete
Name:	RODRIGUE, JOE	
Address:	1421 EMERALD DR	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	S	( ) Delete
Name:	SALEM, BECKY	
Address:	2644 ROBIN AVE	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	D	( ) Delete
Name:	GETTY, DARROW D	
Address:	2661 ANN AVENUE	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	D	( ) Delete
Name:	RILEY, JAMES	
Address:	2665 LUCY AVE	
City-St-Zip:	KISSIMMEE, FL 34744	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN L. TROXELL T 07/10/2008
Electronic Signature of Signing Officer or Director — Date