

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

0061226

DOCUMENT # N23164

1. Entity Name

EMERALD LAKE HOME OWNERS' ASSOCIATION UNIT I, INC.



05-19-2003 90228 002 ****61.25

Principal Place of Business

**1109 MAIRI CRT
KISSIMMEE FL 34744
US**

Mailing Address

**1109 MAIRI CRT
KISSIMMEE FL 34744
US**

2. Principal Place of Business

1484 PATRICIA ST.
Suite, Apt. #, etc.

3. Mailing Address

1484 PATRICIA ST.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

34744

Country

OSCEOLA

Zip

34744

Country

OSCEOLA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TREJOS, ALVARO J
1109 MAIRI CRT
KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent

Name **JEAN L. TROXELL**

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

1484 PATRICIA ST

City

KISSIMMEE

FL

Zip Code

34744

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.

Jean L. Troxell

(NOTE: Registered Agent signature required when re-registering)

5-15-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-03 (407) 846-4006

Date

Deputy Phone #

CR2E037 (10/02)