

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30213

FILED
Apr 16, 2005
Secretary of State

Entity Name: EMERALD LAKES UNIT ONE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

% AMERICAN PROPERTY MANAGEMENT
6702 LONE OAK BLVD
NAPLES, FL 34109

New Principal Place of Business:

% AMERICAN PROPERTY MANAGEMENT
10621 AIRPORT PULLING RD N SUITE 8
NAPLES, FL 34109

Current Mailing Address:

% AMERICAN PROPERTY MANAGEMENT
6702 LONE OAK BLVD
NAPLES, FL 34109

New Mailing Address:

% AMERICAN PROPERTY MANAGEMENT
10621 AIRPORT PULLING RD. N SUITE 8
NAPLES, FL 34109

FEI Number: 65-0748450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLEGUE, KENT
% AMERICAN PROPERTY MANAGEMENT
6702 LONE OAK BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

KOLEGUE, KENT
% AMERICAN PROPERTY MANAGEMENT
10621 AIRPORT PULLING RD. N. SUITE 8
NAPLES, FL 34109 US

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: KENT KOLEGUE

04/16/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GOFF, CLAIRE
Address: 7079 MILL POND CIR
City-St-Zip: NAPLES, FL 34109

Title: DVP (X) Delete
Name: WAINSCOTT, FOREST I
Address: 7527 MILL POND CIR
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: ENGLER, KEN
Address: 2318 MILL STREAM DR
City-St-Zip: NAPLES, FL 34109

Title: DT () Delete
Name: DIAMOND, PHIL
Address: 7119 MILL POND CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: THUNE, ERIC
Address: 7112 MILL POND CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: DS () Delete
Name: DILG, DONALD
Address: 7678 MILL STREAM DRIVE
City-St-Zip: NAPLES, FL 34109

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 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 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: KENT KOLEGUE

MA

04/16/2005

Electronic Signature of Signing Officer or Director

Date