2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# N33194

Entity Name: THE VILLAGES OF EMERALD BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14901 VANDERBILT DR
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

14975 LAKEHOUSE LANE
NAPLES, FL 34110

New Mailing Address:

FEI Number: 65-0128495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOWNS, GINA
386 EMERALD BAY CIRCLE G-2
NAPLES, FL 34110 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:	PRES	( ) Delete
Name:	DOWNS, GINA	
Address:	386 EMERALD BAY CIRCLE G-2	
City-St-Zip:	NAPLES, FL 34110	
Title:	SECR	( ) Delete
Name:	SCHULTZ, JAMES	
Address:	14980 LAKEHOUSE LANE H-3	
City-St-Zip:	NAPLES, FL 34110	
Title:	TREA	( ) Delete
Name:	HULL, JOHN	
Address:	331 EMERALD BAY CIRCLE V-3	
City-St-Zip:	NAPLES, FL 34110	
Title:	DIR	( ) Delete
Name:	COLLETTE, SHARYN	
Address:	322 EMERALD BAY CIR X-1	
City-St-Zip:	NAPLES, FL 34110	
Title:	DIR	( ) Delete
Name:	SOLIWODA, RAYMOND	
Address:	351 EMERALD BAY CIRCLE R-1	
City-St-Zip:	NAPLES, FL 34110	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SECR	(X) Change ( ) Addition
Name:	COLLETTE, SHARYN	
Address:	322 EMERALD BAY CIRCLE, X-1	
City-St-Zip:	NAPLES, FL 34110	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DIR	(X) Change ( ) Addition
Name:	LAMPHERE, PAULETTE	
Address:	362 EMERALD BAY CIR O-6	
City-St-Zip:	NAPLES, FL 34110	
Title:	VP	(X) Change ( ) Addition
Name:	SOLIWODA, RAYMOND	
Address:	351 EMERALD BAY CIRCLE R-1	
City-St-Zip:	NAPLES, FL 34110	

I hereby certify that the information supplied with this filing does not qualify for the 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: GINA DOWNS PRES 01/03/2007

Electronic Signature of Signing Officer or Director — Date