

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90044 025 ****61.25

DOCUMENT # N35300

1. Entity Name
EMERALD POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 706, N/A
P. O. BOX 706
MARY ESTHER, FL 32569-0706 US

Mailing Address
P.O. BOX 706, N/A
MARY ESTHER, FL 32569-0706 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3038925

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUINONES, BRETТА
432 EMERALD POINTE
MARY ESTHER, FL 32569

Name

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

City

FL

Zip Code

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 May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **COLTER, DALE**
STREET ADDRESS **161 LONG POINTE DR.**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE **SD DON Alley** ☐ Change ☒ Addition
NAME **155 Long Pointe Dr.**
STREET ADDRESS **MARY ESTHER FL 32569**
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **QUINONES, BRETТА**
STREET ADDRESS **432 EMERALD POINTE DR**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE **TD IRENE GUERNEY** ☐ Change ☒ Addition
NAME **144 Shoreline Dr.**
STREET ADDRESS **MARY ESTHER FL 32569**
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **PAPROCKI, BRENDA**
STREET ADDRESS **157 SHORE LINE DR.**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE **D Jim Menges** ☐ Change ☒ Addition
NAME **144 Long Pointe Dr.**
STREET ADDRESS **MARY ESTHER FL 32569**
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **MILLER, RICHARD**
STREET ADDRESS **163 LONG POINTE DR**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE **D Debbie Deaton** ☐ Change ☒ Addition
NAME **138 Long Pointe Dr**
STREET ADDRESS **MARY ESTHER FL 32569**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **WILSON, BO**
STREET ADDRESS **250 WYNNHAVEN BEACH RD.**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE **VD** ☐ Change ☐ Addition
NAME **WILSON, BO**
STREET ADDRESS **250 WYNNHAVEN BEACH RD.**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE **D** ☐ Delete
NAME **NORMAN, FRED**
STREET ADDRESS **115 LONG POINTE DRIVE**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE **PD** ☒ Change ☐ Addition
NAME **NORMAN, FRED**
STREET ADDRESS **115 Long Pointe Dr.**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-04 (850) 654-2924

Date

Daytime Phone #