


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N35300 1. Entity Name EMERALD POINTE HOMEOWNERS' ASSOCIATION, INC. |  |
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| 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 |
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DO NOT WRITE IN THIS SPACE



03092007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-3038925 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

QUINONES, BRETТА
432 EMERALD POINTE
MARY ESTHER, FL 32569

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000664142 03/22/07-80032-012 61.25 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ALLEY, DON 155 LANG POINTE DR. MARY ESTHER, FL 32569 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GUERNSEY, IRENE 144 SHORELINE DR MARY ESTHER, FL 32569 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LITTLE, CATHY 152 SHORE LINE DR MARY ESTHER, FL 32569 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D QUINPUES, BRETТА 432 EMERALD POINTE DRIVE MARY ESTHER, FL 32569 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARRIETA, CAROL 438 EMERALD POINTE DR MARY ESTHER, FL 32569 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PAPROCKI, BRENDA 157 SHORE LINE DR. MARY ESTHER, FL 32569 |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, changed, or on an attachment with an address, with all other like empowered.

Handwritten signature

3/9/07