

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90096 002 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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, BRETTA 432 EMERALD POINTE MARY ESTHER, FL 32569			Name <u>Carol Eaton Arrieta</u> Street Address (P.O. Box Number is Not Acceptable) <u>438 Emerald Pointe Dr.</u> City <u>MARY ESTHER</u> <u>FL</u> Zip Code <u>32569</u>		
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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable			DATE <u>1/11/08</u> (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008		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	VD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	ALLEY, DON		NAME	ALLEY, DON	
STREET ADDRESS	155 LANG POINTE DR.		STREET ADDRESS	155 LONG POINTE DR.	
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	TD	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	GUERNSEY, IRENE		NAME	DEATON, MIKE	
STREET ADDRESS	144 SHORELINE DR		STREET ADDRESS	138 LONG POINTE DR.	
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	LITTLE, CATHY		NAME	WEBBER, AARON	
STREET ADDRESS	152 SHORE LINE DR		STREET ADDRESS	150 LONG POINTE DR.	
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	QUINONES, BRETTA		NAME	SHAFFER, JACK	
STREET ADDRESS	432 EMERALD POINTE DRIVE		STREET ADDRESS	412 EMERALD COURT	
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	D	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	ARRIETA, CAROL		NAME	ARRIETA, CAROL	
STREET ADDRESS	438 EMERALD POINTE DR		STREET ADDRESS	438 EMERALD POINTE DR	
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	PD	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	PAPROCKI, BRENDA		NAME	SIMMONS, STAN	
STREET ADDRESS	157 SHORE LINE DR.		STREET ADDRESS	145 SHORELINE DR.	
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP	MARY ESTHER FL 32569	
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 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>1/11/08</u> <u>850-499-2382</u> Date Daytime Phone #		