

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90202 036 \*\*\*\*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

4. FEI Number **59-3038925**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUINONES, BETTA  
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

*Bretta L. Quinones*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**BRETTA QUINONES, PRESIDENT** **15 MAY '03**

**FILE NOW: FEE IS \$61.25**

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

TITLE **D** ☒ Change ☐ Addition  
NAME **COLTER, DALE**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **SPANOVICH, MINDY**  
STREET ADDRESS **122 LONG POINTE DR.**  
CITY-ST-ZIP **MARY ESTHER FL 32569**

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

TITLE **D** ☒ Delete  
NAME **RONALD, BRUCE**  
STREET ADDRESS **149 SHORE LINE DR.**  
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **D** ☐ Change ☒ Addition  
NAME **FRED NORMAN**  
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:

*Richard B. Miller* **TD, 15 MAY 03** **850 581 5253**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)