
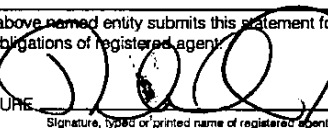
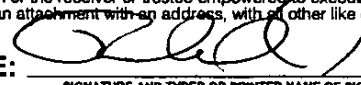


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90004 026 ****61.25

DOCUMENT # N37921 1. Entity Name COMMUNITY OF EMERALD BAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1 EMERALD BAY DRIVE OLDSMAR, FL 34677			Mailing Address 1 EMERALD BAY DRIVE OLDSMAR, FL 34677		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3023096	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
POIRIER, RONALD 73 EMERALD BAY DR OLDSMAR, FL 34677				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> RONALD POIRIER <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 1/25/06 <small>DATE</small> </div> </div>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POIRIER, RONALD		NAME		
STREET ADDRESS	73 EMERALD BAY DR		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREY, GEOFFREY		NAME		
STREET ADDRESS	74 EMERALD BAY DR		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NITZSCHE, HOLLY		NAME	D Pamela Aromola	
STREET ADDRESS	60 EMERALD BAY DR		STREET ADDRESS	37 Emerald Bay Dr	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, SANDY		NAME	S Sandy King	
STREET ADDRESS	17 EMERALD BAY DR		STREET ADDRESS	17 Emerald Bay Dr	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAIZIER, MARY		NAME	T Mary Kaizer	
STREET ADDRESS	54 EMERALD BAY DRIVE		STREET ADDRESS	54 Emerald Bay, Dr	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAIZER, MARY		NAME		
STREET ADDRESS	54 EMERALD BAY DR		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
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 or other like empowered.					
SIGNATURE:  Ronald Poirier 1/25/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

6001115!



01172006 Chg-NP CR2E037 (11/05)