

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90067 045 ****61.25

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|---|--|--|--|--|--|
| 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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01152007 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 59-3023096 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent POIRIER, RONALD 73 EMERALD BAY DR OLDSMAR, FL 34677 | | | 7. Name and Address of New Registered Agent 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: <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE: 2/9/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| 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 | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD POIRIER, RONALD 73 EMERALD BAY DR OLDSMAR, FL 34677 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FREY, GEOFFREY 74 EMERALD BAY DR OLDSMAR, FL 34677 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AROMOLA, PAMELA 37 EMERALD BAY DR OLDSMAR, FL 34677 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Gatten #59 Emerald Bay Dr. Oldsmar, FL 34677 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KING, SANDY 17 EMERALD BAY DR OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Bob Dinku <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition #33 Emerald Bay Dr. Oldsmar, FL 34677 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KAIZER, MARY 54 EMERALD BAY DRIVE OLDSMAR, FL 34677 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: RONALD POIRIER 2/9/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |