## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N39475**



**FILED** Mar 10, 2008 8:00 am Secretary of State 03-10-2008 90078 036 \*\*\*\*61.25

| 1. Entity Name EMERALD LAKE ESTATES AT THE LANDINGS ASSOCIATION, INC.   |  |                                  |   |  | 10 2000 90070 030  | 01.23                         |  |
|---|--|----------------------------------|---|--|--|-------------------------------|--|
| Principal Place of Business 1145 SAWGRASS CORP PKWY. FORT LAUDERDALE, FL 33323 US Mailing Address 1145 SAWGRASS COR PO BOX 820100 FORT LAUDERDALE, FL |  |                                  |   |  | I BYRN JERKI KWI BYRK BIRK BURW C  | 144 BEBU BEBURA BEBURA        |  |
| 2. Principal P  | flace of Business - No P.O. Box #                                | 3. Mailing Address               | ailing Address  |  |  |                               |  |
| Suite, Apt. #, etc. Si  |  | Suite, Apt. #, etc.              | Suite, Apt. #, etc.                                     |  | -NP CR2E037  | (12/06)                       |  |
| City & State C  |  | City & State                     | ity & State   |  | 4. FEI Number Applied For 65-0213272 Not Applicable                            |                               |  |
| Zip   | Country  | Zip                              | Country   | 5. Certificate of Statu                            |  | 8.75 Additional<br>e Required |  |
|   | 6. Name and Address of Current                                   | Registered Agent                 |   | 7. Name and Addres                                 | ss of New Registered Age   | ent                           |  |
| 1/47714441  | A KORR RA  |                                  | Name  | Name   |  |                               |  |
| KATZMAN & KORR, P.A.<br>1501 NW 49TH STREET<br>SUITE 202  |  |                                  | Street Address  | Street Address (P.O. Box Number is Not Acceptable) |  |                               |  |
|   | JDERDALE, FL 33309   |                                  |   |  |  |                               |  |
|   |  |                                  | City  | City FL Zip Code                                   |  |                               |  |
|   | named entity submits this statement folions of registered agent. | or the purpose of changing its   | registered office or regist                             | tered agent, or both, in the                       | s State of Florida. I am fan   | niliar with, and accept       |  |
| SIGNATURE   | Signature, typed or printed name of registered agen              | t and title it applicable. [NOTE | : Registered Agent signature requi                      | ired when reinstating)                             | DATE   |                               |  |
|   | Filing Fee is \$61.25<br>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 DI  | RECTORS                          | 11.   | ADDITIONS/CHANGES                                  | TO OFFICERS AND DIRE   | CTORS IN 10                   |  |
| TITLE   | PD   | Delete                           | TITLE   | ÷ -  | ٠  | Change 🔲 Addition             |  |
| NAME  | ROSAIO, EFRAIM   | ,                                | NAME  | .•   | ,  |                               |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 1145 SAWGRASS CORP PKW<br>SUNRISE, FL 33323                      | ſ                                | STREET ADDRESS  | • •  |  |                               |  |
| TITLE   | VPD  | ☐ Delete                         | TITLE   |  |  | Change Addition               |  |
| NAME .  | HERNANDEZ, PETER   | C Desete                         | NAME  |  | _  |                               |  |
| STREET ADDRESS  | 1145 SAWGRASS CORP PKW   | <i>r</i> .                       | STREET ADDRESS  |  |  |                               |  |
| CITY-ST-ZIP   | SUNRISE, FL 33323  |                                  | CITY-ST-ZIP   |  |  |                               |  |
| TITLE   | SD ABEN  | ☐ Delete                         | TITLE DT  | TIE AREN   | / ×  | Change   Addition             |  |
| NAME<br>STREET ADDRESS  | LALJIE, AREN<br>11145 SAWGRASS CORP PKW                          | ,                                | STREET ADDRESS  | K. SAWERAS   | e corp pew   | <b>y</b> 1                    |  |
| CITY-ST-ZIP   | SUNRISE, FL 33323  |                                  | CITY-ST-ZIP   | INRISE, F  | 33333  |                               |  |
| TITLE   | SD   | Delete                           | TITLE   |  |  | ☐ Change ☐ Addition           |  |
| NAME  | WAKIV, JENNIFER  |                                  | NAME  |  |  |                               |  |
| STREET ADDRESS  | 1145 SAWGRASS CORP PKW   | <b>1</b>                         | STREET ADDRESS  |  |  | ,                             |  |
| CITY-ST-ZiP   | SUNRISE, FL 33323  |                                  | CITY-ST-ZIP   |  |  |                               |  |
| TITLE   | SD SEPONDON MOTOR  | Delete                           | TITLE   |  |  | Change dition                 |  |
| NAME<br>STREET ADDRESS  | FERGUSON, VICTOR<br>1145 SAWGRASS CORP PKW                       | ,                                | NAME<br>STREET ADDRESS                                  |  |  | ·* · ·                        |  |
| CITY-ST-ZIP   | SUNRISE, FL 33323  | •                                | CITY-ST-ZIP   | *11  |  | _                             |  |
| TITLE   | -  | ☐ Delete                         | TITLE D   |  |  | Change Addition               |  |
| NAME  | I  |                                  | ■r 1Ωt  | LLV LYNKIEVC                                       | . م م .  | `                             |  |
|   |  |                                  | NAME P  | AL LUCIO   | CE MARU DV   | ωv I                          |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |                                  | STREET ADDRESS CITY-ST-ZIP                              | NK, DONAL<br>15 SAWGER<br>UNRISE, F                | 65 CORP PK   | wy                            |  |

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.