

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90028 030 \*\*\*\*61.25

**DOCUMENT # N40759**

1. Entity Name

**EMERALD LAKE OF PUNTA GORDA HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**24300 AIRPORT RD  
PUNTA GORDA FL 33950  
US**

Mailing Address

**24300 AIRPORT RD  
133  
PUNTA GORDA FL 33950  
US**

2. Principal Place of Business

**24300 AIRPORT RD**

Suite, Apt. #, etc.

3. Mailing Address

**24300 AIRPORT RD**

Suite, Apt. #, etc.

**UNIT 133**

City & State

**PUNTA GORDA FL**

City & State

**PUNTA GORDA FL**

Zip

**33950**

Country

**CHARLOTTE**

Zip

**33950**

Country

**CHARLOTTE**

6. Name and Address of Current Registered Agent

**KORP, WILLIAM R., ESQ.  
333 S. TAMiami TRAIL  
SUITE 199  
VENICE FL 34285**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

TITLE **P** ☐ Delete  
NAME **LUKE, WILLIAM**  
STREET ADDRESS **24300 AIRPORT RD UNIT 97**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **D** ☐ Delete  
NAME **SCHOENFELD, RALPH**  
STREET ADDRESS **24300 AIRPORT RD., UNIT 133**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **T** ☐ Delete  
NAME **WEISS, CHARLES**  
STREET ADDRESS **24300 AIRPORT RD #42**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **S** ☐ Delete  
NAME **ROSER, GORDON**  
STREET ADDRESS **24300 AIRPORT RD UNIT 96**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **D** ☒ Delete  
NAME **BOWMAN, JOHN**  
STREET ADDRESS **24300 AIRPORT RD UNIT 198**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **VP** ☐ Delete  
NAME **MAESTO, RON**  
STREET ADDRESS **24300 AIRPORT RD UNIT 1**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR MORRELL, WILLIAM**  
STREET ADDRESS **24300 AIRPORT RD UNIT**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR PAIGE, DWAIN**  
STREET ADDRESS **24300 AIRPORT RD UNIT**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

**CHARLES WEISS / TREASURER**

**CFWESS**

**1/25/06**

**941-585-8178**