

**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

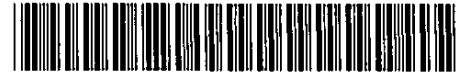
**EMERALD LAKE OF PUNTA GORDA HOMEOWNERS ASSOCIATION, INC.**

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*

3. Mailing Address

*24300 AIRPORT RD*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*PUNTA GORDA FL*

City & State

*PUNTA GORDA FL*

Zip

*33950*

Country

*CHARLOTTE*

Zip

*33950*

Country

*CHARLOTTE*

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0041435

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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	<input type="checkbox"/> Delete
NAME	LUKE, WILLIAM	
STREET ADDRESS	24300 AIRPORT RD UNIT 97	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOENFELD, RALPH	
STREET ADDRESS	24300 AIRPORT RD., UNIT 133	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEISS, CHARLES	
STREET ADDRESS	24300 AIRPORT RD #42	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSER, GORDON	
STREET ADDRESS	24300 AIRPORT RD UNIT 96	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWMAN, JOHN	
STREET ADDRESS	24300 AIRPORT RD UNIT 198	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VP	<input type="checkbox"/> 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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRELL, WILLIAM	
STREET ADDRESS	24300 AIRPORT RD UNIT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAIGE, DWAIN	
STREET ADDRESS	24300 AIRPORT RD UNIT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *CF Weiss* 1/25/06 941-505-8178