


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90044 015 \*\*\*\*61.25

**DOCUMENT # N40759**  
 1. Entity Name  
**EMERALD LAKE OF PUNTA GORDA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 24300 AIRPORT RD PUNTA GORDA FL 33950 US  
 24300 AIRPORT RD 133 PUNTA GORDA FL 33950 US



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

*AS ABOVE*  
*SAME AS ABOVE*

1st MOORE CR2E037 (10/06)  
 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

*N/A*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	P LUKE, WILLIAM 24300 AIRPORT RD UNIT 97 PUNTA GORDA FL 33950 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOENFELD, RALPH 24300 AIRPORT RD., UNIT 133 PUNTA GORDA FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEISS, CHARLES 24300 AIRPORT RD #42 PUNTA GORDA FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSER, GORDON 24300 AIRPORT RD UNIT 96 PUNTA GORDA FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> SEE NEW TITLE ONLY PAIGE, DWAIN 24300 AIRPORT RD PUNTA GORDA FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAESTO, RON 24300 AIRPORT RD UNIT 1 PUNTA GORDA FL 33950 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ROBERT MORRELL 24300 AIRPORT RD UNIT 108 PUNTA GORDA FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. JANET WRIGHT 24300 AIRPORT RD UNIT 117 PUNTA GORDA FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" 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 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 F WEISS - TREASURER -** *[Signature]* 1/29/07 941-505-8178  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deletion Phone #