

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90016 047 ****61.25



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

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
SAME AS ABOVE *AS ABOVE*

Zip Country Zip Country

4. FEI Number Applied For
65-0041435 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 Applicable)
N/A
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 _____ DATE _____
Signature, typed or printed name, of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-electing)

**FILE NOW: FEE IS \$61.25
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 DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRELL, ROBERT 24300 AIRPORT RD., UNIT 108 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	P 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	DIRECTOR 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	DIRECTOR POLLY MAESTO 24300 AIRPORT RD, UNIT #1 PUNTA GORDA FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 F WEISS - TREASURER** *CFW* 1/26/08 941-505-8178