

2000 UNIFORM BUSINESS REPORT (UBR)

2/17/00-90020-001-\$30.62-\$30.62
 * 2/17/00-90020-002-\$30.63-\$30.63

DOCUMENT # N47877

1. Entity Name

EMERALD POINT HOMEOWNERS ASSOCIATION, INC.

FILED

00 MAR -8 PM 1:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 654
 PLYMOUTH FL 32768
 US

* 3075 SOUTH FORK DRIVE P.O. BOX 654
 PLYMOUTH FL 32768-0654
 US

* must use the P.O. Box and street address or just the P.O. Box

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3108378

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, FREDDIE T TRUSTEE

P.O. BOX 654
 PLYMOUTH FL 32768

3075 Southfork Drive

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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ERIC A	
STREET ADDRESS	10370 S.W. 51ST TERRACE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, FREDDIE T TRUSTEE	
STREET ADDRESS	3075 SOUTH FORK DRIVE K	* must use P.O. Box to get mail
CITY-ST-ZIP	PLYMOUTH FL 32768	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, EULA B	
STREET ADDRESS	3075 SOUTH FORK DRIVE	* should be SOUTH FORK
CITY-ST-ZIP	PLYMOUTH FL 32768	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE OF ERIC A JONES, Trustee

Date

2-9-2000 (407) 889-4508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/99)