

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

06-21-2004 90001 050 \*\*\*\*61.25

**DOCUMENT # N47877**

1. Entity Name  
**EMERALD POINT HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**3075 SOUTH FORK DR.  
PLYMOUTH, FL 32768 US  
10370 SW 51st Terr.  
Ocala FL 34476**

Mailing Address  
**P.O. BOX 664  
PLYMOUTH, FL 32768-0664  
10370 SW 51st Terr  
Ocala**

**54058051**



2. Principal Place of Business  
**10370 SW 51st Terr**

3. Mailing Address  
**10370 SW 51st Terr**

City & State  
**Ocala FL**

City & State  
**Ocala FL**

Zip  
**34476**

Country  
**USA**

Zip  
**34476**

Country  
**USA**

06152004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3108378**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**JONES, FREDDIE T TRUSTEE  
3075 SOUTH FORK DR.  
PLYMOUTH, FL 32768**

## 7. Name and Address of New Registered Agent

Name  
**Eric A. Jones**  
Street Address (P.O. Box Number is Not Acceptable)  
**10370 SW 51st Terr**  
City  
**Ocala** FL Zip Code  
**34476**

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

**Filing Fee is \$61.25  
Due by September 8, 2004**

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  
JONES, ERIC A  
10370 S.W. 51ST TERRACE  
OCALA, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JONES, FREDDIE T TRUSTEE  
3075 SOUTH FORK DRIVE  
PLYMOUTH, FL 32768** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JONES, EULA B  
3075 SOUTH FORK DRIVE  
PLYMOUTH, FL 32768** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Eric A Jones  
10370 SW 51st Terr  
Ocala FL 34476** ☐ Change ☒ Addition

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

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

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NAME  
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☐ Change ☐ Addition

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/15/04 352-834-6840**  
Date Daytime Phone #