


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N50395		
1. Entity Name EMERALD RIDGE PROPERTY OWNERS' ASSOCIATION, INC.		
Principal Place of Business 5735 EMERALD RIDGE BLVD. LAKELAND, FL 33813 US	Mailing Address 5735 EMERALD RIDGE BLVD. LAKELAND, FL 33813 US	



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3138075	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TARR, CYNDY
5512 EMERALD RIDGE BLVD
LAKELAND, FL 33813

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IN THIS SPACE**

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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BUNCE, YVONNE
STREET ADDRESS 5735 EMERALD RIDGE BLVD
CITY-ST-ZIP LAKELAND, FL 33813

TITLE VPD
NAME HOPMAN, ANTHONY
STREET ADDRESS 5380 S. FLORIDA AVE.
CITY-ST-ZIP LAKELAND, FL 33813

TITLE TD
NAME BRYAN, TAMMY
STREET ADDRESS 5735 EMERALD RIDGE BLVD
CITY-ST-ZIP LAKELAND, FL 33813

TITLE SD
NAME TARR, CYNDY
STREET ADDRESS 5512 EMERALD RIDGE BLVD
CITY-ST-ZIP LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000173713
01/07/05-80029-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Cyndy Tarr* **CYNDY TARR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-05
Date

863619-8655
Daytime Phone #