

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000938

FILED
Feb 06, 2009
Secretary of State

Entity Name: EMERALD LAKE VILLAGE, INC.

Current Principal Place of Business:

5551 EAST LAKE DR.
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

5551 EAST LAKE DR.
FT. LAUDERDALE, FL 33312 US

New Mailing Address:

5551 EAST LAKE DR.
FT. LAUDERDALE, FL 33312

FEI Number: 65-0377675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELMAY, BRUNO
5537 EAST LAKE DR.
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SELMAY, BRUNO
Address: 5537 EAST LAKE DR.
City-St-Zip: FT. LAURDERDALE, FL 33312

Title: VP () Delete
Name: POIRIER, JEAN-PAUL
Address: 5524 ERIN AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: S () Delete
Name: GASCON, REYNALD
Address: 5644 S.W. 24TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: MACREA, JIMMY
Address: 5530 EAST LAKE DR.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D () Delete
Name: RACINE, MENANDRE
Address: 5575 EAST LAKE DR.
City-St-Zip: FT LAUDERDALE, FL 33312

Title: T () Delete
Name: MAGNY, VIOLETTE
Address: 5450 S.W. 54TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BIRON, PATRICE
Address: 2222 NORTH LAKE DR
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D (X) Change () Addition
Name: DESAUTELS, LEO
Address: 5541 ERIN AVE.
City-St-Zip: FT LAUDERDALE, FL 33312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIOLETTE MAGNY

T

02/06/2009

Electronic Signature of Signing Officer or Director

Date