

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90324 020 \*\*\*\*61.25

80076580



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N94000004536**

1. Entity Name

**EMERALD BAY II ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2215 E STATE RD 200  
 YULEE FL 32097**

**PO BOX 1987  
 YULEE FL 32041-1987**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**YULEE, FL**

City & State

**YULEE, FL**

Zip

Country

Zip

Country

4. FEI Number

**59-3312433**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWELL, TERRELL  
 2215 E STATE RD 200  
 YUKEE FL 32097**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **YULEE**

**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 **PD** ☒ Delete  
 NAME **BREWER, GLEN C**  
 STREET ADDRESS **5220 EMERALD GLADES COURT**  
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

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

TITLE **VD** ☐ Delete  
 NAME **REINOLDS, RONALD**  
 STREET ADDRESS **4584 MISTY DAWN COURT N**  
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **PD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME **LAABS, EDWARD**  
 STREET ADDRESS **4464 MISTY DAWN COURT S**  
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **VD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **NEUTEL, KAREN**  
 STREET ADDRESS **4456 MISTY DAWN COURT S**  
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **STD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BRILL, DEBORAH**  
 STREET ADDRESS **4512 MISTY DAWN COURT S**  
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **DOANE, ALM**  
 STREET ADDRESS **4473 Misty Dawn Ct S**  
 CITY-ST-ZIP **Jacksonville Fl 32277**

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: Ronald R. Reynolds **RONALD R. REINOLDS** 4/4/02 (904) 223-6000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)