


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90045 013 ****61.25

DOCUMENT # N94000004687	
1. Entity Name OPAL CREEK/EMERALD COURT HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business HORIZON MAINTENANCE 5618 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 US	Mailing Address HORIZON MAINTENANCE 5618 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 US
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2. Principal Place of Business - No P.O. Box # Horizon Property Mgmt Solutions	3. Mailing Address Horizon Property Mgmt Solutions
Suite, Apt. #, etc. 913 NW 31 Avenue	Suite, Apt. #, etc. 913 NW 31 Avenue

City & State Pompano Beach, FL	City & State Pompano Beach, FL
Zip 33069	Zip 33069
Country USA	Country USA



02072007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0557247	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HORIZON MAINTENANCE 5618 HOLLYWOOD BLVD HOLLYWOOD, FL 33021	
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7. Name and Address of New Registered Agent Name HORIZON PROPERTY MGMT SOLUTIONS Street Address (P.O. Box Number is Not Acceptable) 913 NW 31 St Av City Pompano Bch FL Zip Code 33069	
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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 *Maureen Popejoy* **Maureen Popejoy, Asst Prop Mgr.** 3/9/07
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SODARO, RUSSELL 16211 OPAL CREEK DRIVE WESTON, FL 33331 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HATCHWELL, SHLOMO 16226 EMERALD COVE RD WESTON, FL 33331 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSKOWITZ, DOUG 16207 OPAL CREEK DRIVE WESTON, FL 33331 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGHT, NEIL 16007 OPAL CRK DR WESTON, FL 33331 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRIERLEY, SANDRA 16209 EMERALD COVE ROAD WESTON, FL 33331 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, JAME E 16206 EMERALD COVE RD WESTON, FL 33331 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DELOLAS MOSKOWITZ 16207 OPAL CREEK WESTON, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICARDO CALZADILLA 16107 EMERALD COVE RD WESTON, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Russell Sodaro 16211 Opal Creek Dr. Weston FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT NEIL BRIGHT 16007 OPAL CREEK DR. WESTON, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JILL MONGELLO 16026 OPAL CREEK DRIVE WESTON, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE: *[Signature]* **3/9/07**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #