

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90011 017 ****61.25

DOCUMENT # N94000004687 1. Entity Name OPAL CREEK/EMERALD COURT HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business HORIZON PROPERTY MGMT SOLUTIONS 913 NW 31 AVENUE POMPANO BEACH, FL 33069 US.		Mailing Address HORIZON PROPERTY MGMT SOLUTIONS 913 NW 31 AVENUE POMPANO BEACH, FL 33069 US.	
2. Principal Place of Business - No P.O. Box # 11784 W. Sample Rd Suite, Apt. #, etc. #103		3. Mailing Address 11784 W. Sample Rd. Suite, Apt. #, etc. #103	
City & State Coral Springs FL		City & State Coral Springs FL	
Zip 33065		Zip 33065	
Country USA		Country USA	
4. FEI Number 65-0557247		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORIZON PROPERTY MGMT SOLUTIONS 913 NW 31 ST AVENUE POMPANO BEACH, FL 33069		7. Name and Address of New Registered Agent Name United Community Mgt. Corp. Street Address (P.O. Box Number is Not Acceptable) 11784 West Sample Rd #103 City Coral Springs FL Zip Code 33065	
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 Rosita K... VP. Finance United Com Mgmt <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRIGHT, NEIL 16007 OPAL CREEK DR WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALZADILLA, RICARDO 16107 EMERALD COVE RD WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONGELLO, JILL 16026 OPAL CREEK DRIVE WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SODARO, RUSSELL 16211 OPAL CREEK DR WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSKOWITZ, DOUGLAS 16207 OPAL CREEK DR WESTON, FL 33331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Houston, Tim 16226 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"/> Delete	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 all other like empowered.			
SIGNATURE:		Date 1/15/08 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			