

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90012 014 ****61.25

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1. Entity Name

EMERALD PINES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

PO BOX 61791
FT MYERS FL 33906
US

Mailing Address

PO BOX 61791
FT MYERS FL 33906
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
65-0746015

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

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS FL 33901

Name

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

City

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. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SCHMITTLER, CRAIG
STREET ADDRESS 6400 EMERALD PINES CIR
CITY-ST-ZIP FORT MYERS FL 33966

TITLE VP ☐ Delete
NAME WALTER, FRANCE
STREET ADDRESS 6281 EMERALD PINES CIR
CITY-ST-ZIP FORT MYERS FL 33966

TITLE SD ☐ Delete
NAME KERVER, WILLIAM
STREET ADDRESS 6408 EMERALD PINES CIRCLE
CITY-ST-ZIP FORT MYERS FL 33966

TITLE TD ☐ Delete
NAME CYMBOR, JOHN
STREET ADDRESS 6417 EMERALD PINES CIR
CITY-ST-ZIP FORT MYERS FL 33966

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE SD ☐ Change ☒ Addition
NAME ANDREA STENS
STREET ADDRESS 6369 EMERALD PINES CIR
CITY-ST-ZIP FORT MYERS FL 33966

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John P. Cymbor John P. Cymbor 9 Feb 08 239-56-6824