

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001080

FILED  
Feb 27, 2009  
Secretary of State

**Entity Name:** EMERALD PINES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 61791  
FT MYERS, FL 33906 US

**New Principal Place of Business:**

6417 EMERALD PINES CIRCLE  
FT MYERS, FL 33966 US

**Current Mailing Address:**

PO BOX 61791  
FT MYERS, FL 33906 US

**New Mailing Address:**

PO BOX 61791  
FT MYERS, FL 33906 US

**FEI Number:** 65-0746015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHIELDS, CHRISTOPHER J  
1833 HENDRY STREET  
FORT MYERS, FL 33901 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: SCHMITTLER, CRAIG  
Address: 6400 EMERALD PINES CIR  
City-St-Zip: FORT MYERS, FL 33966

Title: VP ( ) Delete  
Name: WALTER, FRANCE  
Address: 6281 EMERALD PINES CIR  
City-St-Zip: FORT MYERS, FL 33966

Title: SD ( ) Delete  
Name: KERVER, WILLIAM  
Address: 6408 EMERALD PINES CIRCLE  
City-St-Zip: FORT MYERS, FL 33966

Title: TD ( ) Delete  
Name: CYMBOR, JOHN  
Address: 6417 EMERALD PINES CIR  
City-St-Zip: FORT MYERS, FL 33966

Title: SD ( ) Delete  
Name: STENS, ANDREA  
Address: 6369 EMERALD PINES CR  
City-St-Zip: FT MYERS, FL 33966

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: HASSETT, JIM  
Address: 6208 EMERALD PINES CIRCLE  
City-St-Zip: FORT MYERS, FL 33966

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

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: JOHN CYMBOR

TD

02/27/2009

Electronic Signature of Signing Officer or Director

Date