

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003239

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: EMERALD ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2755 BORDER LAKE RD  
STE 101  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

2755 BORDER LAKE RD  
STE 101  
APOPKA, FL 32703 US

**New Mailing Address:**

FEI Number: 59-3565815      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KANAGA, MERIDYTHE  
2755 BORDER LAKE RD  
STE 101  
APOPKA, FL 32703 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: D ( ) Delete  
Name: COCHRAN, CHRIS  
Address: 3813 EMERALD ESTATES CIRCLE  
City-St-Zip: APOPKA, FL 32703

Title: DP ( ) Delete  
Name: LUPIS, JOSEPH  
Address: 3884 EMERALD ESTATES CIRCLE  
City-St-Zip: APOPKA, FL 32703 US

Title: DST ( ) Delete  
Name: HUDSPETH, JOE  
Address: 3833 EMERALD ESTATES CIR  
City-St-Zip: APOPKA, FL 32703 US

Title: D ( ) Delete  
Name: BREHNE, MICHAEL  
Address: 3817 EMERALD ESTATES CIRCLE  
City-St-Zip: APOPKA, FL 32703

Title: DVP ( ) Delete  
Name: CLAY, BARRIE  
Address: 3908 EMERALD ESTATES CIR  
City-St-Zip: APOPKA, FL 32703

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: FORSCHINI, BERT  
Address: 1512 EMERALD ISLE POINT  
City-St-Zip: APOPKA, FL 32703

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: JOE HUDSPETH

DST

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date