

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90065 032 ****61.25

DOCUMENT # N98000006149

1. Entity Name
EMERALD WOODS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**9031 TOWN CENTER PARKWAY
BRADENTON, FL 34202 US**

Mailing Address
**9031 TOWN CENTER PARKWAY
BRADENTON, FL 34202 US**

40024243



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

01312007

Chg-NP

CR2E037 (12/06)

4. FEI Number

65-0873808

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

**ADVANCED MANAGMENT OF SW FL, INC.
9031 TOWN CENTER PARKWAY
BRADENTON, FL 34202**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
HARPER, JOHN SR
293 TURQUOISE LANE
OSPREY, FL 34229** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP, D
Jerry Johnson
1848 Amethyst Lane
Osprey, FL 34229** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
ODIORNE, SALLY
146 TURQUOISE LANE
OSPREY, FL 34229** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S.D.
Peter Bremen
1771 Amethyst Ln.
Osprey, FL 34229** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
DELL, HAROLD
127 TURQUOISE LANE
OSPREY, FL 34229** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T.D.
Dale Angell
189 Turquoise Ln.
Osprey, FL 34229** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
WILSON, DOUGLAS E
9031 TOWN CNTR PKWY
BRADENTON, FL 34202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Robert Kahler
105 Turquoise Ln.
Osprey, FL 34229** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP, D
Dale Angell
189 Turquoise Ln.
Osprey, FL 34229** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Robert Kahler
105 Turquoise Ln.
Osprey, FL 34229** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP, D
Dale Angell
189 Turquoise Ln.
Osprey, FL 34229** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Robert Kahler
105 Turquoise Ln.
Osprey, FL 34229** ☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #