2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State
01-19-2007 90020 020 ****61.25

DOCUMENT # N99000000611

1. Entity Name
VILLAS OF EMERALD LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1130 E. DONEGAN AVENUE, #4 KISSIMMEE, FL 34744	1130 E. DONEGAN AVENUE, #4 KISSIMMEE, FL 34744

J00000437

01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 2648 Emerald Lake Ct.		Suite, Apt. #, etc. 2648 Emerald Lake Ct.	
City & State Kissimmee, FL		City & State Kissimmee, FL	
Zip 34744	Country Osceola	Zip 34744	Country Osceola

4. FEI Number
59-3554783
☐ 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
	Name: Travis Harrell Street Address (P.O. Box Number is Not Acceptable): 2648 Emerald Lake Ct. Kissimmee, FL 34744 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 _____ 1-8-07
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	P COMPTON, BARRY 1130 E. DONEGAN AVE., #4 KISSIMMEE, FL 34744	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Harrell, Travis 1458 Patricia Street Kissimmee, FL 34744	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALBERT, RANELIA 2704 EMERALD LAKE COURT KISSIMMEE, FL 34744	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Dowdell, Sandra 2713 Emerald Lake Ct. Kissimmee, FL 34744	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MILLER, WILLIAM 2656 EMERALD LAKE CT. KISSIMMEE, FL 34744	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST/D Furtado, M. Pauline 2676 Emerald Lake Ct. Kissimmee, FL 34744	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: M. Pauline Furtado M. Pauline FURTADO 1-8-07 407-944-4204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #