

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 1130 E. DONEGAN AVENUE, #4 KISSIMMEE, FL 34744	Mailing Address 1130 E. DONEGAN AVENUE, #4 KISSIMMEE, FL 34744
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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.

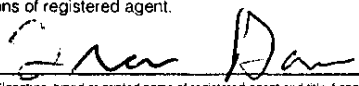
01082007 Chg-NP CR2E037 (12/06)

City & State Kissimmee, FL	City & State Kissimmee, FL
Zip 34744	Zip 34744
Country Osceola	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	
Name Travis Harrell	
Street Address (P.O. Box Number is Not Acceptable) 2648 Emerald Lake Ct.	
City Kissimmee, FL 34744	

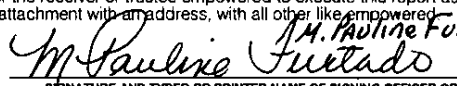
7. Name and Address of New Registered Agent	
Name Travis Harrell	
Street Address (P.O. Box Number is Not Acceptable) 2648 Emerald Lake Ct.	
City FL	Zip Code

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 	DATE 1-8-07
(NOTE: Registered Agent signature required when reinstating)	

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
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10. OFFICERS AND DIRECTORS	
TITLE P	☒ Delete
NAME COMPTON, BARRY	
STREET ADDRESS 1130 E. DONEGAN AVE., #4	
CITY-ST-ZIP KISSIMMEE, FL 34744	
TITLE VP	☒ Delete
NAME ALBERT, RANELIA	
STREET ADDRESS 2704 EMERALD LAKE COURT	
CITY-ST-ZIP KISSIMMEE, FL 34744	
TITLE ST	☒ Delete
NAME MILLER, WILLIAM	
STREET ADDRESS 2656 EMERALD LAKE CT.	
CITY-ST-ZIP KISSIMMEE, FL 34744	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 P/D	☐ Change ☒ Addition
NAME Harrell, Travis	
STREET ADDRESS 1458 Patricia Street	
CITY-ST-ZIP Kissimmee, FL 34744	
TITLE VP/D	☐ Change ☒ Addition
NAME Dowdell, Sandra	
STREET ADDRESS 2713 Emerald Lake Ct.	
CITY-ST-ZIP Kissimmee, FL 34744	
TITLE ST/D	☐ Change ☒ Addition
NAME Furtado, M. Pauline	
STREET ADDRESS 2676 Emerald Lake Ct.	
CITY-ST-ZIP Kissimmee, FL 34744	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: 	DATE 1-8-07 DAYTIME PHONE # 407-944-4204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	