2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 8:00 am Secretary of State

DOCUMENT # N9900000611 1. Entity Name VILLAS OF EMERALD LAKE CONDOMINIUM ASSOCIATION, INC.						,	01-14-2008	-		
Principal Place 2648 EMERA KISSIMMEE, I	ALD LAKE CT.	Mailing Addres 2648 EMERAI KISSIMMEE, F	LD LAKE CT.			(BB:::81 E B	iome ledil eskil sskil	i Birit 46 Mi 48 in G	8118 8 1181 31 88 1 11	ener er jeri
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Addr	ess							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01082008	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State				4. FEI Numbe 59-3554			<u> </u>	pplied For
Zip	Zip Country		Zip Co						\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New	Registered	Agent	
HADDELL	TDAVIC			Name						
	RALD LAKE CT. E, FL. 34744			Street A	ddress (F	P.O. Box Numbe	r is Not Acceptat	ole)		
				City				Fl	Zip Cod	ie
		tile purpose of cir	anging its register	red office of	register	eo agent, or bou	r, in the State of t	ionua. Lain	railillai Willi,	ано ассерг
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	ed Agent signatu	ure required	when reinstating)		DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Ele	(NOTE: Registere ection Campaign F ust Fund Contribu	Financing		\$5.00 May Be Added to Fees		Make chec	k payable t	
10.	Filing Fee is \$61.25	9. Ele Tro	ection Campaign F	Financing tion.		\$5.00 May Be Added to Fees		Make chec orida Depa	rtment of S	tate
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DII	9. Ele Tro	ection Campaign F ust Fund Contribut 11.	Financing tion.		\$5.00 May Be Added to Fees	Fic	Make chec orida Depa	rtment of S	tate
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12. Thereby certify that the information supplied with this filling does not quality 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

1-8-08

Daytime Phone #