


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N99000000611 1. Entity Name VILLAS OF EMERALD LAKE CONDOMINIUM ASSOCIATION, INC.						FILED 08 MAY 23 AM 11:26 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2648 EMERALD LAKE CT. KISSIMMEE, FL 34744				Mailing Address 2648 EMERALD LAKE CT. KISSIMMEE, FL 34744			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HARRELL, TRAVIS 2648 EMERALD LAKE CT. KISSIMMEE, FL 34744				7. Name and Address of New Registered Agent Name M Pauline Furtado Street Address (P.O. Box Number is Not Acceptable) 2648 EMERALD LAKE CT City Kissimmee FL Zip Code 34744			
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 M Pauline Furtado M Pauline Furtado Sec - Treasurer Director <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retesting)</small>							
DATE 5-14-08							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD TRAVIS, HARRELL <input checked="" type="checkbox"/> Delete 1458 PATRICIA LANE KISSIMMEE, FL 34744			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AIVARO Trejos <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2678 EMERALD LAKE CT Kissimmee, FL 34744		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD VARNER, LAUREN <input type="checkbox"/> Delete 2693 EMERALD LAKE CT KISSIMMEE, FL 34744			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FURTADO, M. PAULINE <input type="checkbox"/> Delete 2676 EMERALD LAKE CT. KISSIMMEE, FL 34744			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	800130676286 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/03/08--01015--017 **61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.							
SIGNATURE: M Pauline Furtado 5/16/08 407-944-4204 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							