

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

04 JAN 22 AM 10:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 03-04

DOCUMENT # P00000009381

1. Entity Name
HOME OWNERS ASSOCIATION OF EMERALD POINT, INC.



Principal Place of Business
1011 MASON AVENUE
DAYTONA BEACH FL 32117-4611

Mailing Address
1011 MASON AVENUE
DAYTONA BEACH FL 32117-4611

2. Principal Place of Business
P.O. Box 1713
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1713
Suite, Apt. #, etc.

City & State
Port Richey, FL
Zip
34673
Country
US

City & State
Port Richey, FL
Zip
34673
Country
US

4. FEI Number 01-0706609
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

BABCOCK, GARY
1011 MASON AVENUE
DAYTONA BEACH FL 32117-4611

Name
L. JON BATES, II
Street Address (P.O. Box Number is Not Acceptable)
1513 S. GRADY AVE
City TAMPA FL Zip Code 33629

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]* DIRECTOR DATE 12-31-03
(NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	DELETE
NAME	BABCOCK, GARY	
STREET ADDRESS	1011 MASON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117-4611	
TITLE	D	DELETE
NAME	CARTER, DAVID R	
STREET ADDRESS	7419 US HIGHWAY 19	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	DELETE
NAME	MEYER, ROSALIE	
STREET ADDRESS	7419 US HIGHWAY 19	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	L. JON BATES, II - D/P	Change	Addition
NAME			
STREET ADDRESS	1513 S. GRADY AVE		
CITY-ST-ZIP	TAMPA, FL 33629		
TITLE	D	Change	Addition
NAME	MARTIN O'DONNELL, JR		
STREET ADDRESS	9910 GRACE DR - SUITE 1		
CITY-ST-ZIP	PORT RICHEY, FL 34668		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

000027627970
01/27/04--01001--032 **558.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE: *[Signature]* L. JON BATES, II DATE 12-31-03 DAYTIME PHONE # 813-817-2012

CR2E034 (4/03)

Attachment

Home Owners Association of Emerald Pointe, Inc.

A Non Profit Organization
Phone 813-817-2012
Fax 727-376-7698

P0000000 7387
5640 Emerald Pointe Circle
Port Richey, FL 34668

January 14, 2004

Attention: Division of Corporations

Due to the change of command, which included that of an address change, we did not receive a UBR from our previous Directors until recently. I realize that this is not the fault of the Division of Corporation. I am hoping, however, that the original late fee of \$550 will be sufficient. Please let me know otherwise. I have also enclosed the additional \$8.75 for a Certificate of Status.

Sincerely,


L. Jon Baas, II
Director