


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000009381 1. Entity Name HOME OWNERS ASSOCIATION OF EMERALD POINT, INC.					
Principal Place of Business PO BOX 1713 PORT RICHEY FL 34673		Mailing Address PO BOX 1713 PORT RICHEY FL 34673			
2. Principal Place of Business 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 O'DONNELL, MARTIN JR. 9910 GRACE DR. SUITE 1 PORT RICHEY FL 34668				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUSIMANO, NICHOLAS 9740 LAMENTIN DR. PORT RICHEY FL 34668		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000533011 05/06/06-80107-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ODONNELL, MARTIN JR 9910 GRACE DR SUITE 1 PORT RICHEY FL 34668		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	



1st MOORE CR2E034 (10/05)

4. FEI Number **01-0706609** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

FL Zip Code

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: Martin O'Donnell, U00000 4/24/06 727-480-6165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #