2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT #714246 1. Entity Name EMERALD HARBOR ASSOCIATION, INC. Principal Place of Business 771 OLD COMPASS RD LONGBOAT KEY, FL 34228 US 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc.						042620	iali	FILED APR 30 PM 3: 08 ALASSEE, FLORIDA				
City & State			City & State			4. FEI Nu	ımber	CR2E037 (12/06) Applied For				
Zip Country			Zip	Zip Country		····	363058 cate of Status Desire	Not Applicable \$8.75 Additional				
6 Name and Address of Courses							Fee Required					
6. Name and Address of Current Registered Agent Nar						7. Name and Address of New Registered Agent						
ATHERTON, SUSAN						Name WEISS, JANET						
771 OLD COMPASS RD LONGBOAT KEY, FL 34228					Street Address (P.O. Box Number is Not Acceptable)							
					180 EMERALD HARBOA DR							
					LONGBOAT KEY FL 34278							
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, hypotral parties of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date												
									Signature, house or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) DATE			
9. Election Campaign Financing \$5.00 May Be Amended AR Is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.												
10.		OFFICERS AND DIRI	ECTORS .	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTORS IN 10				
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NAME	KIRK, JAYNE			NAM								
STREET ADDRESS	t .	RALD HARBOUR DR			ET ADDRESS 7	771 Or	D COMPI	ass Ko.				
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III LE	S	TAL CLICAN	Delete	TITLE	<u> </u>	5	TA - 35	Change ☐ Addition				
NAME Street address	I	ON, SUSAN COMPASS RD		NAM	ET ADDRESS =	75 (25)	3445	HARBER DR.				
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NAME	VOORHE	SS, PAMELA		NAM		VOORH	EES ((arilled				
STREET ADDRESS					ET ADDRESS			- 				
CITY-ST-ZIP	I LUNGBO	AIKEY, FL 34228		CITY	-ST-ZIP			2/				
		 		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.								
indicated of the cor	l on this repo rporation or t	rt or supplemental report is he receiver or trustee empor	true and accurate and that i wered to execute this report	my signai ∶as requi	ture shall have	e the same legal (effect as if made und	der bath; that I am an officer or director				
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