# 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**May 01, 2009**
**Secretary of State**

DOCUMENT# N04000006798

**Entity Name:** EMERSON POINTE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number: 01-0817817** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST STATE ROAD 434, SUITE 5000
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: EMERSON, ERIC
Address: 370 CENTER POINTE CIRCLE, SUITE 1136
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD ( ) Delete
Name: KYNASTON, NEIL
Address: 370 CENTER POINTE CIRCLE, SUITE 1136
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: STD ( ) Delete
Name: NEWMAN, PETER
Address: 370 CENTER POINTE CIRCLE, SUITE 1136
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change ( ) Addition
Name: BIDDLE, KATHRYN
Address: 370 CENTER POINTE CIRCLE, SUITE 1136
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC EMERSON PD 05/01/2009

Electronic Signature of Signing Officer or Director — Date