2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005236

Apr 29, 2009 Secretary of State

Entity Name: THE GATES AND THE GROVES AT EMERALD FIELD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

14055 RIVEREDGE DRIVE 8726 OLD C.R. 54 SUITE 200 SUITE D

TAMPA, FL 33637 NEW PORT RICHEY, FL 34653

Current Mailing Address: New Mailing Address:

14055 RIVEREDGE DRIVE 8726 OLD C.R. 54

SUITE 200 SUITE D

TAMPA, FL 33637 NEW PORT RICHEY, FL 34653

FEI Number: 26-2472497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JOYNER, J. HUGH SHELLY MAY JOHNSON, PA

14055 RIVEREDGE DRIVE 8726 OLD C.R. 54

SUITE 200 SUITE D
TAMPA, FL 33637 US SUITE D
NEW PORT RICHEY, FL 34653 US

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: SHELLY MAY JOHNSON 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: DP (X) Change () Addition

Name:JOYNER, J. HUGHName:SCHMITZ, GARYAddress:14055 RIVEREDGE DRIVE SUITE 200Address:P. O. BOX 70

City-St-Zip: TAMPA, FL 33637 City-St-Zip: GLENCOE, MO 63038

Title: VD () Delete Title: DT (X) Change () Addition Name: THOMPSON, LARRY Name: ELLIS, DANNY

Address: 14055 RIVEREDGE DRIVE SUITE 200 Address: 5430 LBJ FREEWAY, SUITE 800

City-St-Zip: TAMPA, FL 33637 City-St-Zip: DALLAS, TX 75240

Title: STD () Delete Title: DS (X) Change () Addition

Name:CLEMMONS, RUBYName:COMISKEY, KIMAddress:14055 RIVEREDGE DRIVE SUITE 200Address:5430 LBJ FREEWAY, SUITE 800

City-St-Zip: TAMPA, FL 33637 City-St-Zip: DALLAS, TX 75240

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: SHELLY MAY JOHNSON RA 04/29/2009