2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2008
Secretary of State

DOCUMENT# N93000003053

Entity Name: EMERALD CREEK HOMEOWNER'S ASSOCIATION OF HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business:

1006 EMERALD CREEK DRIVE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

1006 EMERALD CREEK DRIVE
VALRICO, FL 33594

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROSS, JOHN W
1006 EMERALD CREEK DRIVE
VALRICO, FL 33594 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: P ( ) Delete
Name: AYERS, LEROY
Address: 1005 EMERALD CREEK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: V ( ) Delete
Name: LYONS, CALVIN
Address: 1008 EMERALD CREEK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Delete
Name: HUDSON, JACQUELINE
Address: 1020 EMERALD CREEK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: T ( ) Delete
Name: ROSS, JOHN
Address: 1006 EMERALD CREEK DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOHN W ROSS T 03/22/2008

Electronic Signature of Signing Officer or Director Date