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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N95000004711 (6)

EMERALD ACRES HOMEOWNERS ASSOCIATION, INC.

FILED Jan 22 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					I KORAKKON DIR NOKON ODKAN DOMAN DOMAN DOMAN BUKAN BUKAN DIRAK OPERA KADUN KADA PORM		
3404 EAST MAH	IAN DRIVE	3404 EAST MAHAN DRIVE					
tallahassee i	FL 32308	TALLAHASSEE FL 32308-582	2		3. Date Incorporated or Qualified 10/05/1995	3a. Date of Last 02/14/1	
	lace of Business	2a. Mailing Address	AIME 1	<u></u>	4. FEI Number NOT APPLICABLE	<u> </u>	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.					S8.75 Additional		Not Applicable
22	n, 010.	27			5. Certificate of Status Desired	7	Required
City & State City & State				ec .	6. Election Campaign Financing	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23 <i>a</i>	Country Country	28 Jallaher	Count	rv	8. This corporation has liability for in		, <u></u>
	2308 25 Leon		30 (Leon		Yes No	1 8. 199.002.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent	
			6	1 Name			
	WILLIAM G SR.		8	2 Street Add	ress (P.O. Box Number is Not Acceptab	e)	
	ST MAHAN DRIVE		В	3			
IALLARY	ASSEE FL 32308		L				
			8	4 City		FL 85 Zi	p Code
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statute	s, the abo	ve-named corp	poration submits this statement for the pr	urpose of changing	its registered
office or r agent. I a	registered agent, or both, in the State of im familiar with, and accept the obliga	or Florida. Such change was a tions of, Section 617.0503, Flo	umorizea i rida Statut	by the corporations.	tion's board of directors. I hereby accep	t the appointment	as regisiered
SIGNATURE	William G. B	Noun Sr		illian	- Brown b.	1-7.9	
10	Signature, typed or printed name of registered agen			gent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	ODC IN 12
12.	OFFICERS AND	DELETE	13.	 	ADDITIONS/CHANGES TO OFFIC	Chang	
NAME	TURNER, DOUGLAS E	_ been	1.2 NAM			L.J. Ording	V LLI MUDITION
STREET ADDRESS	508-A CAPITAL CIRCLE, S.E.			ET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301		1.4 CITY				
TITLE	D	☐ DELETE	2.1 TITLE			☐ Chang	e Addition
NAME	BROWN, WILLIAM G SR.		2.2 NAM	E			
STREET ADDRESS	3404 EAST MAHAN DRIVE		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308		2.4 CITY	'-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE			Chang	e [] Addition
NAME	BROWN, WILLIAM G JR.		3.2 NAM	E			
STREET ADDRESS	3404 EAST MAHAN DRIVE		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308	C DELETE		-ST-ZIP			a Addition
TITLE NAME		☐ DELETE	4.1 TITLE 4. 2 NAM	·		☐ Chang	e L. Addition
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE		DELETE	5.1 TITLI			Chang	e Addition
NAME			5.2 NAM	ε			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY - ST - ZIP			5.4 CITY	- ST - ZIP			
TITLE		DELETE	6.1 TITLE			Chang	e Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY - ST - ZIP		1 30 0 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-ST-ZIP			
information	on indicated on this annual report or so	upplemental annual report is tr the receiver or trustee empow	ue and ac ered to ex	curate and tha	d in Section 119.07(3)(i), Florida Statute; it my signature shall have the same lega int as required by Chapter 617, Florida S	effect as if made	under oath; that