

2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED
Jul 05, 2000 8:00 am
Secretary of State

06-08-2000 90027 033 ****61.25

DOCUMENT # N95000004711

1. Entity Name
Emerald Acres Homeowners Assoc. Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business 431 Waverly Rd
 Suite, Apt. #, etc.

3. Mailing Address Same
 Suite, Apt. #, etc.

City & State Tallahassee FL
 Zip 32312 Country Leon

4. FEI Number 59-355 3912
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

307016

DO NOT WRITE IN THIS SPACE
355 3912

6. Name and Address of Current Registered Agent
Dan Lee Isaacs
431 Waverly Rd
Tall FL 32312

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ State FL Zip Code _____

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.
 SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating)
 DATE 4/29/2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	<u>DP</u>	<input type="checkbox"/> Delete
NAME	<u>Floyd Wilson</u>	
STREET ADDRESS	<u>8720 Opal Drive</u>	
CITY-ST-ZIP	<u>Tallahassee FL 32308</u>	
TITLE	<u>VP D</u>	<input type="checkbox"/> Delete
NAME	<u>Isaac Robinson</u>	
STREET ADDRESS	<u>2650 Topaz Way</u>	
CITY-ST-ZIP	<u>Tall FL 32308</u>	
TITLE	<u>D</u>	<input type="checkbox"/> Delete
NAME	<u>Gary Watry</u>	
STREET ADDRESS	<u>8729 Opal Court</u>	
CITY-ST-ZIP	<u>Tall FL 32308</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/1/00 Daytime Phone # 850 942-9992

CR2E037 (9/99)