

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004711

FILED  
Apr 24, 2005  
Secretary of State

Entity Name: EMERALD ACRES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312 US

**New Principal Place of Business:**

**Current Mailing Address:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312 US

**New Mailing Address:**

FEI Number: 59-3553912      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ISAACS, DAN L  
431 WAVERLY ROAD  
TALLAHASSEE, FL 32312 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: D ( ) Delete  
Name: WILLIAMS, KEN  
Address: 2523 OPAL COURT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DVP ( ) Delete  
Name: HODGES, GLENN  
Address: 2515 OPAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: JOHNSON, KATHERINE  
Address: 2826 SAPPHIRE COURT  
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: DP (X) Change ( ) Addition  
Name: WILLIAMS, KEN  
Address: 2523 OPAL COURT  
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: DST (X) Change ( ) Addition  
Name: COX, JANET  
Address: 8752 OPAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEN WILLIAMS

P

04/24/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date