DOCUMENT # N9900003309 1. Entity Name

EMERALD WOODS HOA, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

| EITIE! I/W.D | TICODO HONI INO | | | | | Secre | _ | | | |
|---|--|--|--------------------------|--|--|---|---------------------------------|----------------------------|---|----------------|
| Principal Piace | of Business | Mailing Address | | | | 04-03-200 | 00 90050 (| 001 ***2 | 11.25 | |
| 508-A CAPITAL CIRCLE SE TALLAHASSEE FL 32301 | | 508-A CAPITAL CIRCLE SE TALLAHASSEE FL 32301-3416 | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, atc. | | | | DO NOT WRIT | E IN THIS SPA | ACE | | |
| City & State | | City & State | | | 4. FEI Number Applied For | | | | | |
| Zip Country | | Zip Coun | | intry | 5 Cartificate of Status Posiced S8.75 Additional | | | | | |
| | 6. Name and Address of Current | Pagintered Arent | Intered Arest | | | 7. Name and Address of New Registered Agent | | | | |
| | 5. Name and Address of Corrett | registered Agent | | Name | 7. Name and | Address of the Th | gistore g | | | |
| TURNER, DOUGLAS E | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 508-A CAP | ITAL CIRCLE SE | | | | | | | | | |
| TALLAHASSEE FL 32301 | | | | City | | | FL | Zip Code | ! | |
| 8 The above | named entity submits this statement fo | r the autrose of changing its | register | ed office or regis | tered arrent or both | in the state of Flor | | L | | |
| o. His above | married entity soonins this statement to | the porpose of changing ha | s register | Ed Onice or regio | nered agent, or but | i, at the state of the | oa. | | | |
| | • | | | | | | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered agent | and title if applicable. (NO | E. Registere | d Agent signature requ | ired when reinstaling) | | DATE | | | |
| | FILE NOW: FEE IS \$61.25 | | | 5.00 May Be ded to Fees | | Check Pa | | | ı | |
| 10. | DEFICERS AND DI | RECTORS | 11. | | ADDITIONS/CH/ | ANGES TO OFFICE | RS AND DIRE | CTORS IN | 10 | |
| TITLE | OFFICERS AND DIRECTORS 11. | | | | Abbillotta/off | TALES TO CITTURE | | Change | Addition | 66 |
| NAME | | | NAM | | | | | | | CR2E037 (9/99) |
| STREET ADDRESS | 3404 E MAHAN DR | | | EET ADORESS | | | | | | E03 |
| CHY-ST-ZIP | IALLAMASSEE IL S2506 | | | Y-ST-ZIP | | | | ☐ Change | ☐ Addition | 民 |
| TITLE Name | D Turner, douglas e | Delete | JITU Man | į. | | | | L_ Change | CT Madition | |
| STREET ADDRESS | 508-A CAPITAL CIRCLE SE | | | LEET ADDRESS | • | | | | ! | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | | CIT | Y-ST-ZIP | | · | | | | |
| TITLE | <u> </u> | ☐ Delete | TIT | | • | | | Change | Addition | |
| NAME STREET ADDRESS | TURNER, FRED | | NA | ME REET ADDRESS | | | | | , | |
| CITY-ST-ZIP | 508-A CAPITAL CIRCLE SE TALLAHASSEE FL 32301 | | | Y-ST-ZIP | | | | | | |
| TITLE | TALLANDOCE TE GEGGT | ☐ Delete | T170 | LE | | | | ☐ Change | Addition | ļ |
| NAME | | | NA | | | | | | | ١. |
| STREET ADDRESS CITY-ST-ZIP | | | | REET ADDRESS Y-ST-ZIP | | | | | | ļ |
| TITLE | | ☐ Delete | TIT | | | | | Change | ☐ Addition | 1 |
| NAME | | LJ Osiste | NA. | - 1 | | | | | | 1 |
| STREET ADDRESS | | | STI | REET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CIT | Y-ST-ZIP | | | | | · · · - · · · · · · · · · · · · · · · · | 1 |
| TITLE | | ☐ Delete | 7117 | | | | | ☐ Change | ☐ Addition | } |
| NAME STREET ADDRESS | | | 1 | ME REET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | | | | |
| 1 | certify that the information supplied will | th this fifing does not qualify | for the ex | emption stated i | n Section 119.07(3) | (i), Florida Statutes | I further cert | ify that the i | nformation | 1 |
| indicaté of the co | certify that the information supplied with don this report or supplemental about reporation or the receiver or trostee empty, or on an attachment with an address | is true and accurate and that owered to execute this repo | t my sign ort as requ | ature shall have uired by Chapter | the same legal effect 617, Florida Statute | ot as it made under es; and that my name | oath; that I a ne appears in | m an officer Block 10 o | or director Block 11 if | |
| changed | a, or on an attachment with an address, | war all outer like empowere | J. | | | _ | 10. | | .11.15 | 1 |

SIGNATURE: _

3-15-00

850-656-4665

Daytime Phone # Date