

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90404 001 ****61.25

04-16-2004 90404 002 *****8.75

DOCUMENT # N99000003309

1. Entity Name
EMERALD WOODS HOA, INC.



Principal Place of Business
508-A CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

Mailing Address
508-A CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

66412388



2. Principal Place of Business
1815 Miccosukee Commons Dr.
Suite, Apt. #, etc.
Suite 104
City & State
Tallahassee FL
Zip
32308
Country
USA

3. Mailing Address
P.O. Box 14019
Suite, Apt. #, etc.
City & State
Tallahassee FL
Zip
32317
Country
USA

01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3641199

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TURNER, DOUGLAS E
508-A CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name: Tracy Segal
Street Address (P.O. Box Number is Not Acceptable)
1815 Miccosukee Commons Dr.
Suite 104
City: Tallahassee FL Zip Code: 32308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Tracy Segal* DATE: 3-15-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, DOUGLAS E 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Wendy Williams 1815 Miccosukee Commons Dr. Suite 104 Tallahassee FL 32308 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, FRED 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Ted Phillips 1815 Miccosukee Commons Dr. Suite 104 Tallahassee FL 32308 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'REILLY, JOHN 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Barbara Roberts 1815 Miccosukee Commons Dr. Suite 104 Tallahassee FL 32308 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Barbara Bryson 1815 Miccosukee Commons Dr. Suite 104 Tallahassee, FL 32308 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Malinda Jackson 1815 Miccosukee Commons Dr. Suite 104 Tallahassee FL 32308 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Wendy Williams* DATE: 3/15/04 DAYTIME PHONE #: (850) 385-0094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR