


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-10-2006 90029 029 ****61.25

DOCUMENT # N99000003309
 1. Entity Name
 EMERALD WOODS HOA, INC.



Principal Place of Business Mailing Address
 1815 MICCOSUKEE COMMONS DR., STE 104 PO BOX 14019
 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32317

66022192



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3641199 Not Applicable

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

6. Name and Address of Current Registered Agent
 SEGAL TRACY TAMMY DAUGHTRY
 1815 MICCOSUKEE COMMONS DR., STE 104
 TALLAHASSEE, FL 32308

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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: *Tammy S. Daughtry* *3-14-06*
(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when reappointing) DATE)

Filing Fee is \$61.25
 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------------------|
| TITLE | VPD |
| NAME | FRIEND, SEAN |
| STREET ADDRESS | 8675 ALEXANDRITE CT. |
| CITY - ST - ZIP | TALLAHASSEE, FL 32309 |
| TITLE | PD |
| NAME | PHILLIPS, TED |
| STREET ADDRESS | 1815 MICCOSUKEE COMMONS DR., STE 104 |
| CITY - ST - ZIP | TALLAHASSEE, FL 32308 |
| TITLE | VPD |
| NAME | SMITH, MIKE |
| STREET ADDRESS | 8677 ALEXANDRITE CT. |
| CITY - ST - ZIP | TALLAHASSEE, FL 32309 |
| TITLE | SD |
| NAME | WASHINGTON, DAVID |
| STREET ADDRESS | 2801 TOPAZ WAY |
| CITY - ST - ZIP | TALLAHASSEE, FL 32309 |
| TITLE | TD |
| NAME | HOWELL, CHRIS |
| STREET ADDRESS | 2844 TOPAZ WAY |
| CITY - ST - ZIP | TALLAHASSEE, FL 32309 |
| TITLE | TREA |
| NAME | STEVE WILLIAMS |
| STREET ADDRESS | 2825 TOPAZ WAY |
| CITY - ST - ZIP | Tallahassee, FL 32309 |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Michael W. Smith* *3-14-06* *545-7673*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

→
 corrected address