

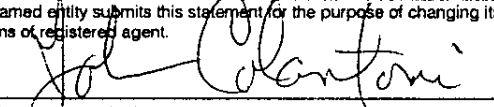
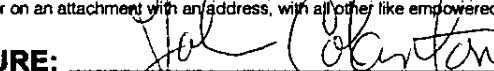


FILED
Apr 18, 2007 8:00 am
Secretary of State

[illegible]

| | | | | | | | |
|--|---|---------|---|---|---|---|--|
| DOCUMENT # N05000005520 | | | |  | | Secretary of State | |
| 1. Entity Name EMERALD PARK CONDOMINIUM ASSOCIATION, INC. | | | | 04-18-2007 90171 022 ****61.25 | | | |
| Principal Place of Business 2200 FLOWER TREE CIRCLE MELBOURNE, FL 32935 | | | Mailing Address 2200 FLOWER TREE CIRCLE MELBOURNE, FL 32935 | | | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |  | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 04152007 Chg-NP CR2E037 (12/06) | |
| City & State | | | City & State | | | 4. FEI Number NOT APPLICABLE | |
| Zip | | Country | Zip | | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | |
| SMITH, JAY S 476 SAILFISH COVE SATELLITE BEACH, FL 32937 | | | | | Name John Colantoni | | |
| | | | | | Street Address (P.O. Box Number is Not Acceptable) 2200 Flower Tree Cir | | |
| | | | | | City Melbourne FL Zip Code 32935 | | |
| | | | | | | | |
| 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  4-15-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | | \$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 | PRES SMITH, JAY S 476 SAILFISH COVE SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Vice President COLANTONI, JOHN 678 BROCKTON WAY WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TRES BURGOYNE, ANNE MARIE 2200 FLOWER TREE CIRCLE MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Vice President ENGDAHL, JILL 2200 FLOWER TREE CIRCLE MELBOURNE, FL 32935 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Laura Ivey Secretary 2200 Flower Tree Cir Melbourne FL 32935 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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:  4-15-07 321-626-9139 | | | | Date Daytime Phone # | | | |