

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90038 034 \*\*\*\*61.25

|  |   |  |   |   |                                 |
|--|---|--|---|---|---------------------------------|
| <b>DOCUMENT # N05000005520</b><br>1. Entity Name<br><b>EMERALD PARK CONDOMINIUM ASSOCIATION, INC.</b>  |   |  |   |   |                                 |
| Principal Place of Business<br><b>2200 FLOWER TREE CIRCLE<br/>MELBOURNE, FL 32935</b>  |   |  | Mailing Address<br><b>2200 FLOWER TREE CIRCLE<br/>MELBOURNE, FL 32935</b>   |   |                                 |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |   |   |                                 |
| City & State   |   | City & State   |   |   |                                 |
| Zip  | Country   | Zip  | Country   |   | 01212008 Chg-NP CR2E037 (12/06) |
| 4. FEI Number<br><b>NOT APPLICABLE</b>   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |                                 |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |   | <b>\$8.75 Additional Fee Required</b>   |                                 |
| 6. Name and Address of Current Registered Agent<br><br><b>COLANTONI, JOHN<br/>2200 FLOWER TREE CIRCLE<br/>MELBOURNE, FL 32935</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>Sara Burgoyne</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2100 Myla Lane</b><br>City <b>Melbourne</b> FL Zip Code <b>32935</b> |   |                                 |
| 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.<br><br>SIGNATURE  DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |   |                                 |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |                                 |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |  |   |   |                                 |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P COLANTONI, JOHN</b> <input checked="" type="checkbox"/> Delete<br><b>678 BROCKTON WAY</b><br><b>WEST MELBOURNE, FL 32904</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Sara Burgoyne</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2100 Myla Lane (Myla Lane)</b><br><b>Melbourne FL 32935 - President</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP ENGDAHL, JILL</b> <input type="checkbox"/> Delete<br><b>2200 FLOWER TREE CIRCLE</b><br><b>MELBOURNE, FL 32935</b>           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S IVEY, LAURA</b> <input type="checkbox"/> Delete<br><b>2200 FLOWER TREE CIR</b><br><b>MELBOURNE, FL 32935</b>                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |   |   |                                 |
| <b>SIGNATURE:</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>Jill Engdahl</b>   |   |  | Date <b>2/21/08</b> Daytime Phone # <b>321-427-2456</b>   |   |                                 |