2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N05000005520

Entity Name: EMERALD PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2200 FLOWER TREE CIRCLE
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

2200 FLOWER TREE CIRCLE
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 20-3208541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURGOYNE, SARA
2100 MYLA LN
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: ENGDAHL, JILL
Address: 2200 FLOWER TREE CIRCLE
City-St-Zip: MELBOURNE, FL 32935

Title: S ( ) Delete
Name: IVEY, LAURA
Address: 2200 FLOWER TREE CIR
City-St-Zip: MELBOURNE, FL 32935

Title: P ( ) Delete
Name: BURGOYNE, SARA
Address: 2100 MYLA LN
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: DAVID, MARCIA
Address: 2200 FLOWER TREE CIR
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: COLEMAN, GEORGE
Address: 2200 FLOWER TREE CIR
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA BURGOYNE P 04/22/2009

Electronic Signature of Signing Officer or Director — Date