

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44644

Entity Name: EMERALD HILLS HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.**FILED**
Apr 06, 2013
Secretary of State
CC0165468241**Current Principal Place of Business:**860 BROOKVIEW LANE
ROCKLEDGE, FL 32955-1303**Current Mailing Address:**P. O. BOX 561303
ROCKLEDGE, FL 32956-1303 US**FEI Number: 65-0324648****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KUNO, DIANA
860 BROOKVIEW LANE
ROCKLEDGE, FL 32955 US*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**Officer/Director Detail :**

Title	P	Title	V
Name	WITTMAN, KEITH	Name	HOLLENBECK, MICHAEL
Address	876 BROOKVIEW LANE	Address	880 BROOKVIEW LANE
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	T	Title	S
Name	KUNO, DIANA B	Name	THOMPSON, JAMES
Address	860 BROOKVIEW LANE	Address	870 BROOKVIEW LANE
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	D	Title	D
Name	FLICKINGER, CINDY	Name	THOMPSON, JEANNE
Address	905 BERYL DR	Address	870 BROOKVIEW LANE
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	DIRECTOR		
Name	CHEEK, LYNN		
Address	874 BROOKVIEW LN		
City-State-Zip:	ROCKLEDGE FL 32955		

I hereby 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 all other like empowered.

SIGNATURE: DIANA KUNO**"TREASURER****04/06/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date