I hereby certify that the information indicated on this report or supplemental report is true and accurate a oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute t		
above, or on an attachment with all other like empowered.		
SIGNATURE: DAVID HEAD	SECRETARY	03/22/2013

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N9300003053

Entity Name: EMERALD CREEK HOMEOWNER'S ASSOCIATION OF HILLSBOROUGH COUNTY, INC.

#### Current Principal Place of Business:

1018 EMERALD CREEK DRIVE VALRICO, FL 33596

# **Current Mailing Address:**

1018 EMERALD CREEK DRIVE VALRICO, FL 33596

# **FEI Number: NOT APPLICABLE**

### Name and Address of Current Registered Agent:

HEAD, DAVID 1010 ÉMERALD CREEK DRIVE VALRICO, FL 33596 US

Certificate of Status Desired: No

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

# **Officer/Director Detail :**

Title	Р	Title	V
Name	DEBOIS, KIMERLY	Name	CAPOTE, ARIEL
Address	1018 EMERALD CREEK DRIVE	Address	1022 EMERALD CREEK DRIVE
City-State-Zip:	VALRICO FL 33596	City-State-Zip:	VALRICO FL 33596
Title	S	Title	т
Title Name	S HEAD, DAVID L	Title Name	T CREASON, CHERYL
	-		T CREASON, CHERYL 1021 EMERALD CREEK DRIVE
Name	HEAD, DAVID L	Name	, -

SECRETARY

Date

## FILED Mar 22, 2013 Secretary of State CC1341630128

Date