


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90049 032 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728354**

1. Corporation Name

**EMERALD ACRES PROPERTY ASSOCIATION, INC.**

Principal Place of Business  
 110 TEMPLE GROVE DRIVE  
 WINTER GARDEN FL 34787-2520

Mailing Address  
 110 TEMPLE GROVE DRIVE  
 WINTER GARDEN FL 34787-2520



2. Principal Place of Business 21 <b>170 TEMPLE GROVE DR.</b>	2a. Mailing Address 26 <b>JACK E. CARTER II</b>	3. Date Incorporated or Qualified <b>12/11/1973</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>170 TEMPLE GROVE DR.</b>	4. FEI Number <b>NOT APPLICABLE</b>
City & State 23 <b>WINTER GARDEN, FLORIDA</b>	City & State 28 <b>WINTER GARDEN, FLORIDA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>34787</b>	Country 25 <b>ORANGE</b>	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29 <b>34787</b>	Country 30 <b>ORANGE</b>	

9. Name and Address of Current Registered Agent

**HINSON, ELIZABETH**  
**130 TEMPLE GROVE DR.**  
**WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81 Name **JACK E. CARTER II**  
 82 Street Address (P.O. Box Number is Not Acceptable) **170 TEMPLE GROVE DRIVE**  
 83  
 84 City **WINTER GARDEN** FL 85 Zip Code **34787**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **JACK E. CARTER II (PRES.) 1/12/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARTER, JACK</b>	1.2 NAME	
STREET ADDRESS	<b>170 TEMPLE GROVE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER GARDEN FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HINSON ELIZABETH</b>	2.2 NAME	
STREET ADDRESS	<b>130 TEMPLE GROVE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER GARDEN FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REEVES, ED</b>	3.2 NAME	
STREET ADDRESS	<b>110 TEMPLE GROVE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER GARDEN FL</b>	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTSON, SUE</b>	4.2 NAME	
STREET ADDRESS	<b>56 TEMPLE GROVE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER GARDEN FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STANFORD, DAVID</b>	5.2 NAME	
STREET ADDRESS	<b>190 TEMPLE GROVE DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER GARDEN FL</b>	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSHING, KENNETH</b>	6.2 NAME	
STREET ADDRESS	<b>295 TEMPLE GROVE DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER GARDEN FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **JACK E. CARTER JR.** 1/9/99 (407) 877-9439  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)