2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # 768898** Entity Name 03-09-2006 90168 035 ****61.25 EMERALD HILL OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3722 HIGHWAY 30 A 3722 HIGHWAY 30 A SEAGROVE BEACH FL 32459 SEAGROVE BEACH FL 32459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2294635 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Aridress of New Registered Agent 6. Name and Address of Current Registered Agent WATFORD, LEWIS B 3722 HWY 30-A Street Address (P.O. Box Number is Not Acceptable) SEAGROVE BEACH FL 32459 Zip Code City 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. SIGNATURE S'gnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required wherereinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change Addition TITLE ☐ Delete Littleton, Kenny LITTLETON, KENNY NAME NAME 47 Harbor Kilage STREET ADDRESS 1047 HARBOR RIDGE STREET ADDRESS **GUNTERSVILLE AL 35976** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE 412 Magical View Drive JOHNSTON, DALE NAME NAME 9412 MAGICAL VIEW DR STREET ADDRESS STREET ADDRESS CHATTANOOGA TN 37421 CITY-ST-ZIP CITY-ST-7IP TITLE resi dent Change ☐ Addition TITLE ☐ Delete Wathrd, Lewis 825 Chowning court NAME WATFORD, LEWIS NAME 15 CHWNING CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP MARIETTA GA CITY-ST-ZIP Addition TITLE ☐ Defete TITLE ☐ Change obert (oker DESHON, GERTIE NAME NAME O. BOX 1361 STREET ADDRESS STREET ADDRESS 357 N. BEAL PKWY CfTY-ST-ZIP FT. WALTON BEACH FL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition Paul Blisard MCKINNON, CHARLES W 5202 5 Farm Road 205 127 PARKWAY DRIVE STREET ADDRESS STREET ADDRESS THOMASVILLE GA 31792 CITY-ST-7IP Hogersville, mo 65742 CHY-ST-7IP ☐ Change ☐ Delete TITLE ☐ Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

Mar 09, 2006 8:00 am