2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768898

Apr 24, 2008 Secretary of State

Entity Name: EMERALD HILL OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

3722 HIGHWAY 30 A

SEAGROVE BEACH, FL 32459

Current Mailing Address:

New Mailing Address:

3722 HIGHWAY 30 A 5311 E CO HWY 30 A SEAGROVE BEACH, FL 32459

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SEAGROVE BEACH, FL 32459

FEI Number: 59-2294635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHIPMAN, GARY A ESQ 1414 CO. HWY. 283 SOUTH

STE B

SANTA ROSA BEACH, FL 32459 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete LITTLETON, KENNY Name: 1047 HARBOR RIDGE Address:

City-St-Zip: GUNTERSVILLE, AL 35976

Title: () Delete JOHNSTON, DALE Name: Address: 9412 MAGICAL VIEW DR City-St-Zip: CHATTANOOGA, TN 37421

Title: () Delete WATFORD, LEWIS Name: 825 CHOWING COURT Address: City-St-Zip: MARIETTA, GA 30064

Title: () Delete Name: DESHON, GERTIE Address: 357 N. BEAL PKWY City-St-Zip: FT. WALTON BEACH, FL

Title: () Delete GUINN, BRUCE Name: 3150 BYWATER TRAIL Address: City-St-Zip: ROSWELL, GA 30075

(X) Change () Addition

THURSTON, DAVID Name:

Address: 1639 MIFFLIN PLACE City-St-Zip: ATLANTA, GA 30324

Title: (X) Change () Addition

Name: JOHNSTON, DALE Address: 9412 MAGICAL VIEW DR City-St-Zip: CHATTANOOGA, TN 37421

Title: DΡ (X) Change () Addition

WATFORD, LEWIS Name: 825 CHOWING COURT Address: City-St-Zip: MARIETTA, GA 30064

Title: DΛ (X) Change () Addition

DESHON, GERTIE Name: Address: 357 N. BEAL PKWY City-St-Zip: FT. WALTON BEACH, FL

Title: (X) Change () Addition

GUINN, BRUCE Name: 3150 BYWATER TRAIL Address: City-St-Zip: ROSWELL, GA 30075

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: WALTER R PRITCHETT

MGR

04/24/2008

Electronic Signature of Signing Officer or Director

Date