


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90088 037 ****61.25

DOCUMENT # N01000007012

1. Entity Name
 EMILY'S WALK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 233 E. BAY ST., STE. 1010
 THE BLACKSTONE BLDG.
 JACKSONVILLE, FL 32202

Mailing Address
 233 E. BAY ST., STE. 1010
 THE BLACKSTONE BLDG.
 JACKSONVILLE, FL 32202

2. Principal Place of Business
Signature Realty
 Suite, Apt. #, etc.
 4003 Hartley Rd.

3. Mailing Address
Signature Realty
 Suite, Apt. #, etc.
 4003 Hartley Rd.

City & State
 Jacksonville, FL


City & State
 Jacksonville, FL

Zip
 32251

Country
 Duval

Zip
 32251

Country
 Duval



04202004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3649058

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAWSON, CARL D JR
 233 E. BAY ST., STE. 1010
 THE BLACKSTONE BLDG.
 JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name
Bryan Cantrell

Street Address (P.O. Box Number is Not Acceptable)
Signature Realty
 4003 Hartley Rd.

City
 Jacksonville

FL

Zip Code
 32257

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 *[Signature]* DATE *4/21/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DAWSON, CARL D JR 233 E. BAY ST., STE. 1010 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOWELL, WILLIAM R PO BOX 60, ORTEGA STATION JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, SUSAN 233 E BAY ST STE 1010 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE: *[Signature]* DATE *4/26/04* DAYTIME PHONE # *904-355-5309*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL DAWSON JR