


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90025 019 \*\*\*\*61.25

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DOCUMENT # N01000007012					
1. Entity Name EMILY'S WALK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business SIGNATURE REALTY 4003 HARTLEY RD. JACKSONVILLE, FL 32257			Mailing Address SIGNATURE REALTY 4003 HARTLEY RD. JACKSONVILLE, FL 32257		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3649058	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CANTRELL, BRYAN C/O SIGNATURE REALTY 4003 HARTLEY RD. JACKSONVILLE, FL 32257				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPST	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWSON, CARL D JR		NAME	Gylliker, Susan	
STREET ADDRESS	233 E. BAY ST., STE. 1010		STREET ADDRESS	1147 Emily's Walk Lane E.	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWELL, WILLIAM R		NAME	Bryan, Walter	
STREET ADDRESS	PO BOX 60, ORTEGA STATION		STREET ADDRESS	1057 Morning Stroll Lane	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, SUSAN		NAME	Freitas, Robbie	
STREET ADDRESS	233 E BAY ST STE 1010		STREET ADDRESS	1032 Morning Stroll Lane	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PLACOCK, Nancy	
STREET ADDRESS			STREET ADDRESS	1110 Emily's Walk Lane E.	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Chapter 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.

SIGNATURE: Susan Gylliker 3/29/07 904 781-7427