

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90159 032 ****61.55

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DOCUMENT # N01000007012



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

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3649058** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DPST	<input type="checkbox"/> Delete
NAME	DAWSON, CARL D JR	
STREET ADDRESS	233 E. BAY ST., STE. 1010	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HOWELL, WILLIAM R	
STREET ADDRESS	PO BOX 60, ORTEGA STATION	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, SUSAN	
STREET ADDRESS	320 E. ADAMS ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	233 E. Bay St. Ste. 1010	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED** *Muy 1 2003* *904-335 6509*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)