2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N01000008135

Entity Name: EMERALD POINTE TOWNHOMES AT TAMPA PALMS OWNERS ASSOCIATION, INC..

Current Principal Place of Business:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 26-0014813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCANNAVINO, INC
720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: NOREN, DIANNE
Address: 16313 WORCHESTER PALMS CT
City-St-Zip: TAMPA, FL 33647

Title: VD ( ) Delete
Name: CHATTERJEE, JUTAP
Address: 16311 WORCHESTER PALMS CT
City-St-Zip: TAMPA, FL 33647

Title: TD ( ) Delete
Name: EILERS, JIM
Address: 7206 WAREHAM DR
City-St-Zip: TAMPA, FL 33647

Title: SD ( ) Delete
Name: GARDNER, IMOGENE
Address: 16308 PARKSTONE PALMS CT
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: HORTON, STEVE
Address: 6226 ASHBURY PALMS DR
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: CHATTERJEE, SUTAP
Address: 16311 WORCHESTER PALMS CT
City-St-Zip: TAMPA, FL 33647

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DIANE NOREN PD 01/22/2009

Electronic Signature of Signing Officer or Director — Date