2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N02000004557

Entity Name: EMERALD ESTATES/INDIAN RIVER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6120 45TH STREET
VERO BEACH, FL 32966

New Principal Place of Business:

Current Mailing Address:

5976 20TH STREET #87
VERO BEACH, FL 32966

New Mailing Address:

FEI Number: 02-0671253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THWEATT-LEE, SUSAN
1500 14TH AVENUE, SUITE B
VERO BEACH, FL 32960 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: ABDINOOR, PHIL
Address: 5976 20TH STREET #87
City-St-Zip: VERO BEACH, FL 32966

Title: TD ( ) Delete
Name: THWEATT-LEE, SUSAN
Address: 5976 20TH STREET #87
City-St-Zip: VERO BEACH, FL 32966

Title: SD ( ) Delete
Name: RAHAL, VINCENT
Address: 5976 20TH STREET #87
City-St-Zip: VERO BEACH, FL 32966

Title: VPD ( ) Delete
Name: DEBRAAL, WILLIAM
Address: 5976 20TH STREET #87
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DEBRAAL, WILLIAM
Address: 6010 46TH LANE
City-St-Zip: VERO BEACH, FL 32967

Title: TD (X) Change ( ) Addition
Name: THWEATT-LEE, SUSAN
Address: 5995 46TH LANE
City-St-Zip: VERO BEACH, FL 32967

Title: SD (X) Change ( ) Addition
Name: CANIZARES, JOAN
Address: 5970 46TH LANE
City-St-Zip: VERO BEACH, FL 32967

Title: VPD (X) Change ( ) Addition
Name: NASH, MERLE
Address: 4570 59TH DRIVE
City-St-Zip: VERO BEACH, FL 32967

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: SUSAN THWEATT-LEE T 05/01/2008

Electronic Signature of Signing Officer or Director — Date