


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90042 030 ****70.00

DOCUMENT # N02000009419					
1. Entity Name EMERALD HARBOUR HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 35 FILLMORE COURT SATELLITE BEACH, FL 32937			Mailing Address 35 FILLMORE COURT SATELLITE BEACH, FL 32937		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02092006 Chg-NP CR2E037 (11/05)	
4. FEI Number 42-1563031				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARNHILL, MARY 35 FILLMORE COURT SATELLITE BEACH, FL 32937			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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISNER, MONICA		NAME		
STREET ADDRESS	3 ARTHUR COURT		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIPPEL, JACK		NAME	VD	
STREET ADDRESS	11 FILLMORE COURT		STREET ADDRESS	JULIAN CORTEZ	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP	31 FILLMORE CT	
TITLE	SD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JATSKO, DENISE		NAME	SD	
STREET ADDRESS	32 ADAMS COURT		STREET ADDRESS	DEBRA COLE	
CITY-ST-ZIP	SATELLITE BEACH, FL		CITY-ST-ZIP	44 ADAMS COURT	
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNHILL, MARY		NAME		
STREET ADDRESS	35 FILLMORE COURT		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL		CITY-ST-ZIP		
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		
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: <u>Mary K Barnhill</u> MARY BARNHILL 2-9-06 321-779-3156					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					