

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90004 026 ****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 - No P.O. Box # 3 Arthur Court Suite, Apt. #, etc.		3. Mailing Address 3 Arthur Court Suite, Apt. #, etc.			
City & State Satellite Beach, FL Zip: 32937		City & State Satellite Beach, FL Zip: 32937		4. FEI Number 42-1563031	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BARNHILL, MARY 35 FILLMORE COURT SATELLITE BEACH, FL 32937			7. Name and Address of New Registered Agent Name: <u>Monica Wisner</u> Street Address (P.O. Box Number is Not Acceptable): 3 Arthur Court City: <u>Satellite Beach</u> FL Zip Code: <u>32937</u>		
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: <u>Monica Wisner</u> <u>Monica Wisner, Treasurer 2-13-07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WISNER, MONICA 3 ARTHUR COURT SATELLITE BEACH, FL 32937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORTEZ, JULIAN 31 FILLMORE CT SATELLITE BEACH, FL 32937	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Change ☒ Addition DURWARD KNOWLES 35 FILLMORE COURT SATELLITE BEACH, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLE, DEBRA 44 ADAMS COURT SATELLITE BEACH, FL 32937	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☐ Change ☒ Addition JAMES STEPHENS 15 ARTHUR COURT SATELLITE BEACH, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNHILL, MARY 35 FILLMORE COURT SATELLITE BEACH, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☐ Change ☒ Addition TAMARA HOLLINGSWORTH 11 ARTHUR COURT SATELLITE BEACH, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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>Monica Wisner</u> <u>Monica Wisner 2-13-07</u> <u>321-773-4991</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					