

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001755

FILED
Apr 17, 2006
Secretary of State

Entity Name: EMERALD RIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8009 S. ORANGE AVENUE
ORLANDO, FL 328096711

New Principal Place of Business:

Current Mailing Address:

8009 S. ORANGE AVENUE
ORLANDO, FL 328096711

New Mailing Address:

FEI Number: 11-3682321 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S. ORANGE AVENUE
ORLANDO, FL 328096711 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: GREEN, DAN
Address: 8403 S PARK CIRCLE SUITE 670
City-St-Zip: ORLANDO, FL 32819

Title: VTD () Delete
Name: FALCK, MARK
Address: 8403 S PARK CIRCLE SUITE 670
City-St-Zip: ORLANDO, FL 32819

Title: SD () Delete
Name: CALL, MATT
Address: 8403 S PARK CIRCLE SUITE 670
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HICE, JEFFERY
Address: 1817 NESTING LANE
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD (X) Change () Addition
Name: LUCKETT, JOHN
Address: 14784 TULLAMORE LOOP
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD (X) Change () Addition
Name: CARROLL, AMY
Address: 14554 TULLAMORE LOOP
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY HICE

PD

04/17/2006

Electronic Signature of Signing Officer or Director

_____ Date