

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003381

FILED
Apr 24, 2006
Secretary of State

Entity Name: EMERALD BREEZE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

815 EMERALD LANE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

815 EMERALD LANE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 04-3779096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JENNIFER
805 EMERALD LANE
ORLANDO, FL 32804 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: PS () Delete
Name: SMITH, JENNIFER
Address: 805 EMERALD LANE
City-St-Zip: ORLANDO, FL 32801

Title: VPTD () Delete
Name: BAKER-HARGOVE, DAVID
Address: 815 EMERALD LANE
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: MAY, NABIL
Address: 2708 BELLE WATER PLACE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: HARGROVE, JR., ROBERT L
Address: 815 EMERALD LANE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: DELOACH, ANDREA
Address: 1403 GORE ST
City-St-Zip: ORLANDO, FL 32806

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

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: DAVID BAKER-HARGROVE

VPTD

04/24/2006

Electronic Signature of Signing Officer or Director

Date