2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED DOCUMENT # N03000003381 Mar 01, 2007 08:00 AM **Secretary of State** EMERALD BREEZE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 815 EMERALD LANE ORLANDO FL 32801 815 EMERALD LANE ORLANDO FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 04-3779096 Not Applicable · Zip Country Zιp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 805 EMERALD LANE ORLANDO FL 32804 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. MILE PS Delete TITLE ☐ Change ☐ Addıtion NAME. SMITH, JENNIFER NAME: STRI ET ADDRESS 805 EMERALD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 TITLE ☐ Delete HILE ☐ Change ■ Addition U00000652776 ☐ Change 03/12/07-80031-021 61.25 NAME BAKER-HARGOVE, DAVID STREET ADDRESS 815 EMERALD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ORLANDO FL 32801 THE Delete Addition HILE Change NAME NAMÈ DELOACH, ANDREA STREET ADDRESS STRICT ADDRESS 1403 GORE ST CHY-ST-7IP ORLANDO FL 32806 CITY-ST-ZIP THE ☐ Delete HHC Change Addition NAME HARGROVE, JR., ROBERT L NAME STREET ADDRESS STREET ADDRESS 815 EMERALD LANE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete THIE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7/P I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of 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 applications with all other like empowered.

SIGNATURE:

DAVID BAKEL-HARGROVE UPTD