


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000003381 1. Entity Name EMERALD BREEZE HOMEOWNERS' ASSOCIATION, INC.	
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FILED
Aug 08, 2008 08:00 AM
Secretary of State



Principal Place of Business 815 EMERALD LANE ORLANDO FL 32801	Mailing Address 815 EMERALD LANE ORLANDO FL 32801
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2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E037 (10/07)

4. FEI Number 04-3779096	Applied For <input type="checkbox"/> No; Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, JENNIFER 805 EMERALD LANE ORLANDO FL 32804	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *David Baker-Hargrove* 8/5/08
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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
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10. OFFICERS AND DIRECTORS	
TITLE	PS <input type="checkbox"/> Delete
NAME	SMITH, JENNIFER
STREET ADDRESS	805 EMERALD LANE
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	VPTD <input type="checkbox"/> Delete
NAME	BAKER-HARGOVE, DAVID
STREET ADDRESS	815 EMERALD LANE
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	D <input type="checkbox"/> Delete
NAME	DELOACH, ANDREA
STREET ADDRESS	1403 GORE ST
CITY-ST-ZIP	ORLANDO FL 32806
TITLE	D <input type="checkbox"/> Delete
NAME	HARGROVE, JR., ROBERT L
STREET ADDRESS	815 EMERALD LANE
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000957291
STREET ADDRESS	08/08/08-80003-002 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 titles like empowered.

SIGNATURE: *David Baker-Hargrove*