2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000786

FILED Apr 29, 2009 Secretary of State

Entity Name: EMERALD LAKE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4495 EMERALD VISTA C/O BANYAN PROPERTY MGMT LAKE WORTH, FL 33461 2328 S CONGRESS AVE SUITE 1C

LAKE WORTH, FL 33461

Current Mailing Address: New Mailing Address:

4495 EMERALD VISTA C/O BANYAN PROPERTY MGMT LAKE WORTH, FL 33461 2328 S CONGRESS AVE SUITE 1C

LAKE WORTH, FL 33461

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAWKINS, LAWRENCE B HILLEY & WYANT CORTEZ PA 4495 EMERALD VISTA 860 US HIGHWAY ONE

LAKE WORTH, FL 33461 US SUITE 108
NORTH PALM BEACH, FL 33408 US

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: DON HILLEY 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: HAWKINS, LAWRENCE B Name: JULMISTE, RAYMOND

Address: 4495 EMERALD VISTA Address: 4204 EMERALD VISTA
City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: LAKE WORTH, FL 33461

Title: VSTD () Delete Title: VP (X) Change () Addition
Name: HAWKINS, TINA M Name: MORGUARD EMERALD TOWNHOMES

 Address:
 4495 EMERALD VISTA
 Address:
 2542 WILLIAM ROAD

 City-St-Zip:
 LAKE WORTH, FL 33461
 City-St-Zip:
 KENNER, LA 70062

 $\label{eq:title: VASD () Delete Title: D (X) Change () Addition} \end{minipage}$

 Name:
 THOMAS, STEPHEN C
 Name:
 BEJENARU, ÄNCA

 Address:
 4495 EMERALD VISTA
 Address:
 4208 EMERALD VISTA

 City-St-Zip:
 LAKE WORTH, FL 33461
 City-St-Zip:
 LAKE WORTH, FL 33461

I hereby certify that the information supplied with this filing does not qualify 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: RYAMOND JULMISTE PD 04/29/2009