## 2008 NOT-FOR-PROFIT CORPORATION ANNUÂL REPORT (AR)

## Apr 17, 2008 8:00 am Secretary of State DOCUMENT # N05000001700 1. Entity Name 04-17-2008 90012 034 \*\*\*\*61.25 EMILY ESTATES COMMUNITY ASSOCIATION INC. Mailing Address Principal Place of Business 2000 EAST EDGEWOOD DR 2000 EAST EDGEWOOD DR SUITE 214 SUITE 214 LAKELAND FL 33803 LAKELAND FL 33803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 20-2657501 Not Applicable Zip Country Zıo Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MYERS, JODIE Street Address (P.O., Box Number is Not Acceptable) 1858 EMILY DRIVE WINTER HAVEN FL 33884 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 pinnted pains of requstered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to ... Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE **⊠** Delete TITLE Change X Addition BARNES, SAN P NAME NAME PEABODY, JEFFREY M. 1812 EMILY DRIVE STREET ADDRESS STREET ADDRESS 1820 Emily Drive WINTER HAVEN FL 33884 CITY-ST-ZIP CITY-ST-ZIP Winter Haven, FL 33884 ☐ Delete TITLE TITLE ☐ Change Addition DEBIEN, ETSSEL R NAME NAME 1918 EMILY BLVD STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33884 CITY- ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE Change Addition MYERS. JODIE NAME NAME STREET ADDRESS 1858 EMILY DR STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition SERGI, ANTONIO NAME STREET ADDRESS 1910 EMILY BLVD STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change neitibbA 🔲 MARTY, DAVID NAME NAME 1903 EMILY DR STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP CITY-ST-ZiP TETLE ☐ Delete TET: F ☐ Change Addition NAME NAME STREET ADDRESS 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

SIGNATURE:

if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP