

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001700

FILED
Apr 07, 2009
Secretary of State

Entity Name: EMILY ESTATES COMMUNITY ASSOCIATION INC.

Current Principal Place of Business:

2000 EAST EDGEWOOD DR
SUITE 214
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

2000 EAST EDGEWOOD DR
SUITE 214
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 20-2657501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, JODIE
1858 EMILY DRIVE
WINTER HAVEN, FL 33884 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: P () Delete
Name: DEBIEN, ETSSEL R
Address: 1918 EMILY BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: S () Delete
Name: MYERS, JODIE
Address: 1858 EMILY DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: T () Delete
Name: SERGI, ANTONIO
Address: 1910 EMILY BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: MARTY, DAVID
Address: 1903 EMILY DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: S () Delete
Name: PEABODY, JEFFREY M
Address: 1820 EMILY DR
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SERGI, ANTONINO
Address: 1910 EMILY BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: V (X) Change () Addition
Name: MYERS, JODIE
Address: 1858 EMILY DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: T (X) Change () Addition
Name: LAROCHE, VIRGINIA
Address: 1826 EMILY DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: S (X) Change () Addition
Name: PEABODY, JEFFREY M
Address: 1820 EMILY DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Change () Addition
Name: MARTY, DAVID
Address: 1903 EMILY DR
City-St-Zip: WINTER HAVEN, FL 33884

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: JEFFREY M. PEABODY

S

04/07/2009

Electronic Signature of Signing Officer or Director

Date