

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005707

FILED  
Apr 04, 2007  
Secretary of State

**Entity Name:** EMERALD PRESERVE - SUMERLIN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12854 KENAN DR - SUITE 100  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

8009 S. ORANGE AVE.  
ORLANDO, FL 32809

**Current Mailing Address:**

8009 S ORANGE AVE  
ORLANDO, FL 32809

**New Mailing Address:**

**FEI Number:** 20-3949678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LELAND MANAGEMENT  
8009 S ORANGE AVE  
ORLANDO, FL 32809 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: PD ( ) Delete  
Name: MCGREGOR, DEBRA  
Address: 12854 KENAN DR - SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD ( ) Delete  
Name: DADDARIO, TOM  
Address: 12854 KENAN DR - SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32258

Title: STD ( ) Delete  
Name: HEATON, FALLON  
Address: 12854 KENAN DR - SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, JAYSON  
Address: 12854 KENAN DRIVE, #100  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD (X) Change ( ) Addition  
Name: DADDARIO, TOM  
Address: 12854 KENAN DR, SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32258

Title: STD (X) Change ( ) Addition  
Name: ROBERT, GREENWOOD  
Address: 12854 KENAN DR, SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32258

I hereby certify that the information supplied with this filing does not qualify for the 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: JAYSON WILLIAMS

PD

04/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date