

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 AUG -8 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000005707	
1. Entity Name EMERALD PRESERVE - SUMERLIN HOMEOWNERS ASSOCIATION, INC.	



Principal Place of Business 5955 TG LEE BLVD, SUITE 300 ORLANDO, FL 32822-4457	Mailing Address 5955 TG LEE BLVD, SUITE 300 ORLANDO, FL 32822-4457
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2. Principal Place of Business - No P.O. Box # MAY MANAGEMENT	3. Mailing Address MAY MANAGEMENT
Suite, Apt. #, etc. 5455 AIA SOUTH	Suite, Apt. #, etc. 5455 AIA SOUTH
City & State ST. AUGUSTINE, FL	City & State ST. AUGUSTINE
Zip 32080	Country USA
Zip 32080	Country FL



07162008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2949678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LELAND MANAGEMENT 5955 TG LEE BLVD, SUITE 300 ORLANDO, FL 32822-4457	7. Name and Address of New Registered Agent Name MAY MANAGEMENT SVC Street Address (P.O. Box Number is Not Acceptable) 5455 AIA SOUTH City ST. AUGUSTINE FL Zip Code 32080
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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 Cynthia H. Bloor, VP DATE 7/17/08

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOULET, LISA A 6145 CLEARSKY DRIVE JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. GOULET, LISA A 6145 CLEARSKY DRIVE JACKSONVILLE, FL 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARKEY, AMANDA 6210 HIGH TIDE BOULEVARD JACKSONVILLE, FL 32258 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800134457498 08/14/08--01007--011 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT, GREENWOOD 12854 KENAN DR, SUITE 100 JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREER, ASHLEY 13490 PAVILLION COURT JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILL, ANDREA D 13500 SUNSTONE STREET JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. HILL, ANDREA D 13500 SUNSTONE ST. JACKSONVILLE, FL 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Stephanie Bloor 6114 Clearsky Drive Jacksonville, FL 32258 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 other like empowered.

SIGNATURE: Andrea Hill Date 7-18-08 Daytime Phone # 904-9102-8051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR