


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00
Secretary of State

DOCUMENT # N05000006168 1. Entity Name THE EMERALD ISLAND HOMEOWNERS ASSOCIATION INC	
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Principal Place of Business EMERALD ISLAND BLVD THE CLUB HOUSE 2751 KISSIMMEE, FL 34747 US	Mailing Address AUTUMN GLEN AVENUE 15807 CLERMONT, FL 34714 US
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01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	<input type="checkbox"/> Applied For <input checked="" 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

HEATH, ROBERT REV.
AUTUMN GLEN AVE
15807
CLERMONT, FL 34714

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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: *Robert Heath* 5. Jan. 07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 ✓
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEPHERD, PAUL MR 15807 AUTUMN GLEN AVE CLERMONT, FL 34714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEPHERD, DAWN V MRS 15807 AUTUMN GLEN AVE CLERMONT, FL 34714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEATH, JACQUELINE M MRS 15807 AUTUMN GLEN AVE CLERMONT, FL 34714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HEATH, ROBERT REV. 15807 AUTUMN GLEN AVE CLERMONT, FL 34714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/17/07-80083-011 61.25

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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 reports 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: *Robert Heath* 5. Jan 07 407.448.1349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #