
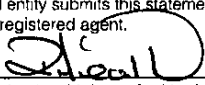



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00
Secretary of State

DOCUMENT # N05000006168		
1. Entity Name THE EMERALD ISLAND HOMEOWNERS ASSOCIATION INC		
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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HEATH, ROBERT REV. AUTUMN GLEN AVE 15807 CLERMONT, FL 34714		DO NOT WRITE IN THIS SPACE
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 <u></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.		
Filing Fee is \$61.25 ✓ Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DO NOT WRITE IN THIS SPACE
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		
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: <u></u> 5-Jan-07 407.448.1349 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01052007 No Chg-NP CR2E037 (4/06)

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

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01/17/07-80083-011 61.25