2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001573

in the State of Florida.

FILED Apr 15, 2008 Secretary of State

Entity Name: HARMONY POINTE AT EMERSON SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5801 PELICAN BAY BOULEVARD 27499 RIVERVIEW CENTER BOULEVARD

SUITE 600 SUITE 238

NAPLES, FL 34108 BONITA SPRINGS, FL 34134

Current Mailing Address: New Mailing Address:

5801 PELICAN BAY BOULEVARD 27499 RIVERVIEW CENTER BOULEVARD

SUITE 600 SUITE 238

NAPLES, FL 34108 BONITA SPRINGS, FL 34134

FEI Number: 20-4321014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RUEMBER, TIMOTHY J AVALLONE, FRANCO 5801 PELICAN BAY BOULEVARD 27499 RIVERVIEW CENTER BOULEVARD

SUITE 600 SUITE 238

NAPLES, FL 34108 US BONITA SPRINGS, FL 34134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: FRANCO AVALLONE 04/15/2008

Electronic Signature of Registered Agent Date

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

Title: PD () Delete Title: PD (X) Change () Addition

Name: SHIPP, ESTELLE Name: BROSSEIT, BRETT

Address: 5801 PELICAN BAY BOULEVARD SUITE 600 Address: 5801 PELICAN BAY BOULEVARD SUITE 600

City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

Title: VD () Delete Title: VD (X) Change () Addition

Name: GOODNIGHT, JOHN Name: SACKETT, JOHN

Address: 5801 PELICAN BAY BOULEVARD SUITE 600 Address: 5801 PELICAN BAY BOULEVARD SUITE 600

City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

Title: STD () Delete Title: STD (X) Change () Addition

Name: UNSINN, DIANA Name: CUSSON, JAYSON

Address: 5801 PELICAN BAY BOULEVARD SUITE 600 Address: 17502 OLD HARMONY DRIVE #201

City-St-Zip: NAPLES, FL 34108 City-St-Zip: FORT MYERS, FL 33908

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: JOHN SACKETT VPD 04/15/2008