2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008129

Entity Name: EMERSON PLAZA CLUB A ASSOCIATION, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

370 CENTERPOINTE CIRCLE SUITE 1136 ALTAMONTE SPRINGS, FL 32701

Current Mailing Address: New Mailing Address:

370 CENTERPOINTE CIRCLE SUITE 1136 ALTAMONTE SPRINGS, FL 32701

FEI Number: 32-0203865 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:

WEBB, ROBIN 901 N LAKE DESTINY DR SUITE 110 MAITLAND, FL 32751 US MELROSE-SOVEREIGN COMPANIES 1600 WEST COLONIAL DRIVE ORLAND, FL 32804 US

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: MELROSE-SOVEREIGN COMPANIES 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: EUEBON, ERIC P (X) Change () Addition Name: EMERSON, ERIC

Name: EUEBON, ERIC Name: EMERSON, ERIC

Address: 370 CENTRPOINTE CIR., #1136 Address: 370 CENTERPOINTE CIR., SUITE 1136

City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S () Delete Title: S (X) Change () Addition Name: LAWRENCE, STERART C Name: LAWRENCE, STEWART C

 Address:
 375 EMERSON PLAZA., APT. 1115
 Address:
 375 EMERSON PLAZA., APT. 1115

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32701
 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32701

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

Name: NEWMAN, PETER Name: BIDDLE, KATHRYN

Address: 370 CENTERPOINTE CIRCLE, SUITE 1136 Address: 370 CENTERPOINTE CIRCLE, SUITE 1136

City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: ERIC EMERSON P 04/29/2009