2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2008 8:00 am Secretary of State

DOCUMENT # N0700007302 1. Entity Name EMERALD WATERS OF FRANGISTA III OWNERS ASSOCIATION, INC.				0	2-27-2008 9	90013 012 ****6	51.25
Principal Place of Business 3927 W. MILLERS DR. TALLAHASSEE, FL 32312 Mailing Address 3927 W. MILLERS DR. TALLAHASSEE, FL 32312			2				
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2. Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address	3. Mailing Address		JIN 16.11 11.11 13.11	11 []	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02222008 C	ng-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number		-	pplied For
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	S8.75 Ad	Iditional
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Re	<u> </u>	
Name				tuart E. Goldberg, Esq.			
BOWDEN, GARVIN B. ESQ. 1300 THOMASWOOD DR.				Street Address (P.O. Box Number is Not Acceptable) 2039 Centre to twee Blvd.			
TALLAHASSEE, FL 32308			I				
for the second s			[Ob.	Suite 201 TAllahassee FL Zip Code 72308			
	named entity submits this statement for	or the purpose of changing its re			the State of Flor		
the obligat	ions of registered agent.	1					
OLONIATURE	$A \sim$					2-21-08	
SIGNATURE .						DATE	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature req	quired when reinstating)		DATE	
	-				, 14		
	Filing Fee is \$61.25	9. Election Camp Trust Fund Col	paign Financing	\$5.00 May Be Added to Fees		ake check payable da Department of S	
10.	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Flori	ake check payable da Department of S	State
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	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Flori	ake check payable da Department of S	State N 10
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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 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08

850-893-5910 Daytime Phone #