



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 14, 2008 8:00 am
Secretary of State

08-14-2008 90001 023 ****61.25

DOCUMENT # N15726 1. Entity Name EMERALD VILLAGE HOMEOWNERS' ASSOCIATION II, INC.					
Principal Place of Business ANNIE MACDONNELL 3808 ATLANTA ST HOLLYWOOD FL 33021			Mailing Address ANNIE MACDONNELL 3808 ATLANTA ST HOLLYWOOD FL 33021		
2. Principal Place of Business - No P.O. Box # Jenny R. Adelman Suite, Apt. #, etc. 3842 Atlanta St. City & State Hollywood FL Zip 33021		3. Mailing Address Suite, Apt. #, etc. City & State Zip USA			
4. FEI Number NO-T APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				2nd MOORE CR2E037 (4/08)	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. EMERALD LAKES CORPORATE PARK 3111 STIRLING ROAD FT LAUDERDALE FL 33312-6525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The undersigned 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 change of the registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW: FEE IS \$61.25 Due By September 3, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOWNS, TONI 3840 ATLANTA ST. HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jenny R. Adelman 3842 Atlanta St Hollywood FL 33021	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MACDONELL, ANA 3808 ATLANTA ST. HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Toni Downs 3842 Atlanta St. Hollywood, 33021	<input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNOWLES, BARBARA A. 3844 ATLANTA STREET HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Ana Macdonnell 3808 Atlanta St. Hollywood 33021	<input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

Anna Macdonnell