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2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV -8 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40093 1. Entity Name EMERALD CHASE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3995 EMERALD CHASE TALLAHASSEE, FL 32308 US		Mailing Address 3995 EMERALD CHASE TALLAHASSEE, FL 32308 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3115959		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTSFIELD, CICERO 3995 EMERALD CHASE DR. 3971 EMERALD CHASE TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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><i>Cicero Hartsfield</i></u> DATE <u>11-4-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50		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	P HARTSFIELD, CICERO 3971 EMERALD CHASE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700061637557 11/22/05--01089--003 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HESTER, ROBERT 3979 EMERALD CHASE TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer Michelle Ledbetter 3995 Emerald Chase Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVERETT, JESSE 3980 EMERALD CHASE TALLAHASSEE, FL 32308 <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
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 exemption stated in Section 119.07(3)(i), 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><i>Cicero Hartsfield</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>11-4-05</u> (850) 245-4444 ext 2040 <small>Daytime Phone #</small>	

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November 4, 2005


Florida Department of State
Division of Corporations
Attn: Tyrone Scott
PO Box 6327
Tallahassee, FL 32314

Dear Mr. Scott:

Per our phone conversation around October 19, 2005, enclosed is the 2005 Not-For-Profit Corporation Reinstatement **Document # N40093** for the Emerald Chase Homeowners Association, Inc. Also enclosed is a check for \$61.25. Due to my emergency response duties with the Florida Department of Health, I was mobilized to response to all hurricanes threatening or impacting the State of Florida, as well as working to support emergency worker deployed to assist the State of Mississippi following Hurricane Katrina. During these hurricane events, we work 12-hour shifts, if not longer, for extended days and/or periods of time. As a result of my job responsibilities and time demand, I did not reply to notices from your office in a timely manner.

Thank you for your assistance with this matter. If you have any questions, please contact me at work, 245-4444 ext 2040, or home, 656-3162.

Sincerely,



Cicero Hartsfield
President
Emerald Chase Homeowners Association
3995 Emerald Chase
Tallahassee, FL 32308