

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44644

FILED
Apr 03, 2009
Secretary of State

Entity Name: EMERALD HILLS HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.

Current Principal Place of Business:

P. O. BOX 561303
ROCKLEDGE, FL 329561303 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 561303
ROCKLEDGE, FL 329561303 US

New Mailing Address:

FEI Number: 65-0324648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAR-NAVON, BOAZ
1356 RICHWOOD CIRCLE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHILDRED, GWENDOLYN
Address: 871 BROOKVIEW LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: V () Delete
Name: WITTMAN, KEITH
Address: 876 BROOKVIEW LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: KUNO, DIANA B
Address: 860 BROOKVIEW LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: S () Delete
Name: THOMPSON, JAMES
Address: 870 BROOKVIEW LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: FICKINGER, CINDY
Address: 905 BERYL DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Delete
Name: LASHLEY, DENISE
Address: 861 BROOKVIEW LANE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DIANA B KUNO

T

04/03/2009

Electronic Signature of Signing Officer or Director

Date