


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N50395</b>	
1. Entity Name <b>EMERALD RIDGE PROPERTY OWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>5735 EMERALD RIDGE BLVD. LAKELAND, FL 33813 US</b>	Mailing Address <b>5735 EMERALD RIDGE BLVD. LAKELAND, FL 33813 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01182008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3138075</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**RISENER, DANIEL  
5704 EMERALD RIDGE BLVD  
LAKELAND, FL 33813**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000807376 02/07/08-800006-012 61.25</b>
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, JOSEPH 5735 EMERALD RIDGE BL LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLINE, JUDY 5735 EMERALD RIDGE BLVD. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RISENER, DANIEL 5735 EMERALD RIDGE BLVD LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Daniel Risener* **DANIEL RISENER** **1-28-08 863-647-2553**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #