## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N50548

FILED Sep 04, 2007 Secretary of State

Entity Name: EMERALD COVE HOMEOWNERS ASSOCIATION, INC.

Current P	Principal Place of Business:	New Principal Place of Business:
POST OFFICE BOX 6394 LAKELAND, FL 33807 US		459 EMERALD COVE LOOP LAKELAND, FL 33807 US
Current N	Nailing Address:	New Mailing Address:
	FICE BOX 6394 D, FL 33807 US	
n accordar	nce with s. 607.193(2)(b), F.S., the corporation did not receiv	•
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
LEMIEUX, GREGORY 159 EMERALD COVE LOOP LAKELAND, FL 33813 US		CHRISTY, DREW 531 EMERALD COVE LOOP LAKELAND, FL 33813 US
	e named entity submits this statement for the purpose e of Florida.	e of changing its registered office or registered agent, or both,
SIGNATU	RE: DREW CHRISTY	09/04/2007
	Electronic Signature of Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Fitle: Name: Address: City-St-Zip:	P ( ) Delete LEMIEUX, BEVERLY 459 EMERALD COVE LOOP LAKELAND, FL 33813	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete LEMIEUX, GREG 459 EMERALD COVE LOOP LAKELAND, FL 33813	Title: T (X) Change ( ) Addition  Name: CHRISTY, DREW  Address: 531 EMERALD COVE LOOP  City-St-Zip: LAKELAND, FL 33813
Fitle: Name: Address: City-St-Zip:	VP ( ) Delete BERSARETTI, RODRIGO 404 EMERALD COVE LOOP LAKELAND, FL 33813	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Nddress: Dity-St-Zip:	S () Delete DEWOLF, WENDY 408 EMERALD COVE LOOP LAKELAND, FL 33813	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	D ( ) Delete HERNANDEZ, ANGEL 439 EMERALD COVE LOOP LAKELAND, FL 33813	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Γitle: Name: Address:	D ( ) Delete ADAMS, GAIL 424 EMERALD COVE LOOP	Title: ( ) Change ( ) Addition Name: Address:

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: RODRIGO BERSARETTI VP 09/04/2007