

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 24, 2007
Secretary of State

DOCUMENT# N93000002386

Entity Name: EMERALD BAY ASSOCIATION, INC.**Current Principal Place of Business:**EMERALD BAY HOMEOWNERS ASSOC.
BOX 11476
JACKSONVILLE, FL 32239 US**New Principal Place of Business:****Current Mailing Address:**EMERALD BAY HOMEOWNERS ASSOC.
BOX 11476
JACKSONVILLE, FL 32239 US**New Mailing Address:****FEI Number:** 59-3198104**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LUSTIG, PETER H
5476 RIVERBREEZE CT
JACKSONVILLE, FL 32277 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:** PD () Delete
Name: LUSTIG, PETER H
Address: 5476 RIVERBREEZE CT
City-St-Zip: JACKSONVILLE, FL 32277 US**Title:** TD () Delete
Name: BELLO, MIOZOTHYS
Address: 5468 RIVERBREEZE CT
City-St-Zip: JACKSONVILLE, FL 32277 US**Title:** SD () Delete
Name: PRESTON, IRIS J
Address: 5431 EMERALD REEF COURT
City-St-Zip: JACKSONVILLE, FL 32277 US**Title:** VD (X) Delete
Name: GROOVER, ESTELLA M
Address: 5407 EMERALD REEF COURT
City-St-Zip: JACKSONVILLE, FL 32277 US**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:

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: PETER H. LUSTIG

PD

05/24/2007

Electronic Signature of Signing Officer or Director

Date