

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N93000002386

1. Entity Name
EMERALD BAY ASSOCIATION, INC.



Principal Place of Business
EMERALD BAY HOMEOWNERS ASSOC.
BOX 11476
JACKSONVILLE, FL 32239 US

Mailing Address
EMERALD BAY HOMEOWNERS ASSOC.
BOX 11476
JACKSONVILLE, FL 32239 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08172007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3198104

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUSTIG, PETER H
5476 RIVERBREEZE CT
JACKSONVILLE, FL 32277

7. Name and Address of New Registered Agent

Name LOUIS A. PEREZ

Street Address (P.O. Box Number is Not Acceptable)

5460 RIVERBREEZE CT.

JACKSONVILLE

FL

Zip Code 32277

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/27/07

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LUSTIG, PETER H
STREET ADDRESS 5476 RIVERBREEZE CT
CITY-ST-ZIP JACKSONVILLE, FL 32277 ☒ Delete

TITLE TD
NAME BELLO, MIOZOTHYS
STREET ADDRESS 5468 RIVERBREEZE CT
CITY-ST-ZIP JACKSONVILLE, FL 32277 ☒ Delete

TITLE SD
NAME PRESTON, IRIS J
STREET ADDRESS 5431 EMERALD REEF COURT
CITY-ST-ZIP JACKSONVILLE, FL 32277 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LOUIS A. PEREZ
STREET ADDRESS 5460 RIVERBREEZE CT.
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Change ☒ Addition

TITLE VD
NAME MICHAEL L. BROWN
STREET ADDRESS 5406 EMERALD REEF CT.
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Change ☒ Addition

TITLE TD
NAME JOE IRBY
STREET ADDRESS 5435 RIVERBREEZE CT.
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Change ☒ Addition

TITLE SD
NAME CHRISTY D. JOLLEY
STREET ADDRESS 5428 RIVERBREEZE CT.
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christy D. Jolley Christy D. Jolley 24 Aug 07 904-743-0018

FILED
07 AUG 29 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

