

2008 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

FILED
08 OCT 13 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10082008 Chg-NP CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

PEREZ, LOUIS A
5460 RIVERBREEZE CT
JACKSONVILLE, FL 32277

Name

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

City

FL

Zip Code

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

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 PEREZ, LOUIS A
STREET ADDRESS 5460 RIVERBREEZE CT
CITY-ST-ZIP JACKSONVILLE, FL 32277 ☐ Delete

TITLE VD
NAME BROWN, MICHAEL L
STREET ADDRESS 5406 EMERALD REEF CT
CITY-ST-ZIP JACKSONVILLE, FL 32277 ☐ Delete

TITLE TD
NAME IRBY, JOE
STREET ADDRESS 5435 RIVERBREEZE CT
CITY-ST-ZIP JACKSONVILLE, FL 32277 ☐ Delete

TITLE SD
NAME JOLLEY, CHRISTY D
STREET ADDRESS 5428 RIVERBREEZE CT
CITY-ST-ZIP JACKSONVILLE, FL 32277 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100136910751
10/14/08--01050--012 **\$61.25

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

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

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

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: Joe Irby, TD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 OCT 2008 904 745-6166
Date Daytime Phone #

10/13/08