


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000002689</b>	
<b>1. Entity Name</b> EMERALD FOREST HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> DOUGLAS M TAIT 6597 EMERALD FOREST DR MILTON, FL 32570 US	<b>Mailing Address</b> 6620 EMERALD FOREST DR. MILTON, FL 32570 US
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03062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3185813	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  TAIT, DOUGLAS M 6620 EMERALD FOREST DR. MILTON, FL 32570
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IN THIS SPACE**

6. 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** \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, TONY 6600 EMERALD FOREST DR MILTON, FL 32570
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD DOUGLAS, TAIT 6620 EMERALD FOREST DR MILTON, FL 32570
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD WHITE, ROGER 6659 EMERALD FOREST DR MILTON, FL 32570
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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13/18/06-80047-009 61.25

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<b>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.</b>
<b>SIGNATURE:</b> <i>DM Tait Douglas M Tait</i> <b>3-6-06</b> <b>8506262157</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>