

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N93000002689**

1. Entity Name

**EMERALD FOREST HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**DOUGLAS M TAIT  
6597 EMERALD FOREST DR  
MILTON, FL 32570 US**

Mailing Address

**6620 EMERALD FOREST DR.  
MILTON, FL 32570 US**

**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**59-3185813**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TAIT, DOUGLAS M  
6620 EMERALD FOREST DR.  
MILTON, FL 32570**

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IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000701529  
04/20/07-80062-011 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HARRIS, TONY  
6600 EMERALD FOREST DR  
MILTON, FL 32570**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
DOUGLAS, TAIT  
6620 EMERALD FOREST DR  
MILTON, FL 32570**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
WHITE, ROGER  
6659 EMERALD FOREST DR  
MILTON, FL 32570**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*Douglas Tait*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-8-07**  
Date

**850 660 1529**  
Daytime Phone #