


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000002689</b> 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**



02112008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  TAIT, DOUGLAS M 6620 EMERALD FOREST DR. MILTON, FL 32570
---

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	04/22/08-80054-010 70.00
---	---	--------------------------

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	

**DO NOT WRITE  
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:** DM Tait Douglas Tait 4-6-08 850 616 2157  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #