## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002689

FILED Apr 30, 2009 Secretary of State

Entity Name: EMERALD FOREST HOMEOWNERS ASSOCIATION, INC.					
Current Pr	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
DOUGLAS M TAIT 6597 EMERALD FOREST DR MILTON, FL 32570 US			JAMES T. HARRIS 6600 EMERALD FOR MILTON, FL 32570	EST DR US	
Current Ma	ailing Addres	s:	New Mailing Addres	New Mailing Address:	
6620 EMER MILTON, F	RALD FOREST L 32570 US		6600 EMERALD FOR MILTON, FL 32570	EST DR. US	
FEI Number:	59-3185813	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
TAIT, DOUGLAS M 6620 EMERALD FOREST DR. MILTON, FL 32570 US				6600 EMERALD FOREST DR.	
	named entity s of Florida.	ubmits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE: TONY HA	RRIS		04/30/2009	
	Electroni	c Signature of Registered Ager	t	Date	
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VD () HARRIS, TONY 6600 EMERALD MILTON, FL 32		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD () DOUGLAS, TAIT 6620 EMERALD MILTON, FL 329	FOREST DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () WHITE, ROGER 6659 EMERALD MILTON, FL 329	FOREST DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY HARRIS VD 04/30/2009