2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003053

Apr 11, 2009 Secretary of State

Entity Name: EMERALD CREEK HOMEOWNER'S ASSOCIATION OF HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

1006 EMERALD CREEK DRIVE 1006 EMERALD CREEK DRIVE

VALRICO, FL 33594 VALRICO, FL 33596

Current Mailing Address: New Mailing Address:

1006 EMERALD CREEK DRIVE 1006 EMERALD CREEK DRIVE

VALRICO, FL 33594 VALRICO, FL 33596

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROSS, JOHN W ROSS, JOHN W

1006 EMERALD CREEK DRIVE 1006 EMERALD CREEK DRIVE VALRICO, FL 33594 US VALRICO, FL 33596 US

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.

SIGNATURE: 04/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

Name: AYERS, LEROY Name: AYERS, LEROY

Address: 1005 EMERALD CREEK DRIVE Address: 1005 EMERALD CREEK DRIVE

City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33596

Title: V () Delete Title: V (X) Change () Addition Name: LYONS, CALVIN Name: LYONS, CALVIN

Address: 1008 EMERALD CREEK DRIVE Address: 1008 EMERALD CREEK DRIVE

City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33596

Title: S () Delete Title: S (X) Change () Addition
Name: HUDSON, JACQUELINE Name: HUDSON, JACQUELINE

Address: 1020 EMERALD CREEK DRIVE Address: 1020 EMERALD CREEK DRIVE

City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33596

Name: ROSS, JOHN Name: ROSS, JOHN W

Address: 1006 EMERALD CREEK DRIVE Address: 1006 EMERALD CREEK DRIVE

City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33596

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: JOHN W ROSS T 04/11/2009