


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000003763  
 1. Entity Name  
 EMERALD SOUND HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business C/O PINES PROPERTY MANAGEMENT 19620 PINES BLVD STE 205 PEMBROKE PINES, FL 33029 US	Mailing Address C/O PINES PROPERTY MANAGEMENT P O BOX 820100 PEMBROKE PINES, FL 33082 US
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**DO NOT WRITE IN THIS SPACE**



02092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0448396	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 EVANS, THOMAS R JR.  
 19620 PINES BLVD STE 205  
 PEMBROKE PINES, FL 33029

**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 \_\_\_\_\_

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLEMAN, EILEEN 17963 SW 2ND STREET PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, HARVEY 221 SW 178 WAY PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAHILL, RAY 272 SW 179 AVENUE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISPINO, TERRI 17860 SW. 3 STREET HOLLYWOOD, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDRES, MARY 17890 SW 3 ST. P P, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/19/06-80060-011 61.25

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: *Harvey Harris* 4-28-06 954-498-6570  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #