2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N93000003763

Entity Name: EMERALD SOUND HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

19620 PINES BLVD
STE 205
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

C/O PINES PROPERTY MANAGEMENT
P O BOX 820100
PEMBROKE PINES, FL 33082 US

New Mailing Address:

FEI Number: 65-0448396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS & GOLDWYN, P.A.
2 SOUTH UNIVERSITY DRIVE #210
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	COLEMAN, EILEEN	
Address:	17963 SW 2ND STREET	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	PD	( ) Delete
Name:	HARRIS, HARVEY	
Address:	221 SW 178 WAY	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	TD	( ) Delete
Name:	CAHILL, RAY	
Address:	272 SW 179 AVENUE	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	D	( ) Delete
Name:	CRISPINO, TERRI	
Address:	17860 SW. 3 STREET	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	VPD	( ) Delete
Name:	CRISAN, TITUS	
Address:	241 SW 178 WAY	
City-St-Zip:	PEMBROKE PINES, FL 33029	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: HARVEY HARRIS PD 04/24/2009

Electronic Signature of Signing Officer or Director — Date