2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004391

FILED Mar 31, 2009 Secretary of State

Entity Nar	ne: HOMEOW	/NERS ASSOCIATION OF EM	MERALD FOREST, IN	1 C.		
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
P.O. BOX (PLANT CIT	5276 ГҮ, FL 33564	US		LCREST PL TY, FL 33566 U	JS	
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX (PLANT CIT	5276 ГҮ, FL 33564	US				
FEI Number:	59-3208744	FEI Number Applied For()	FEI Number Not Appl	icable () Cer	rtificate of Status Desired	()
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
PLANT CIT	LCREST PLAC FY, FL 33566	E US ubmits this statement for the p	ourpose of changing i	ts registered office	e or registered agent, or	r both,
SIGNATUF	RE:					
		c Signature of Registered Age	ent		Date	
OFFICERS	S AND DIRECT	rors:	ADDITION	S/CHANGES TO	OFFICERS AND DIRE	ECTORS:
Title: Name: Address: City-St-Zip:	DP () NAREY, CARRIN 3310 NOHLCRE PLANT CITY, FL	ST PLACE	Title: Name: Address: City-St-Zip:	()Cha	inge () Addition	
Title: Name: Address: City-St-Zip:	ST () MOON, KATHY 3231 KILMER D PLANT CITY, FL		Title: Name: Address: City-St-Zip:	()Cha	inge()Addition	
Title: Name: Address:	VD () NARCY, JIM 3310 NONLERE	Delete	Title: Name: Address:	VD (X) Cha NARCY, JIM	ange () 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: CARRINE NAREY PRES 03/31/2009