

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004391

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** HOMEOWNERS ASSOCIATION OF EMERALD FOREST, INC.

**Current Principal Place of Business:**

3310 NOHLCREST PL  
PLANT CITY, FL 33566 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5276  
PLANT CITY, FL 33563 US

**New Mailing Address:**

**FEI Number:** 59-3208744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAREY, CARRINE  
3310 NOHLCREST PLACE  
PLANT CITY, FL 33566 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: DP  
Name: NAREY, CARRINE  
Address: 3310 NOHLCREST PLACE  
City-St-Zip: PLANT CITY, FL 33566

Title: ST  
Name: MOON, KATHY  
Address: 3231 KILMER DR  
City-St-Zip: PLANT CITY, FL 33566

Title: VD  
Name: NAREY, JIM  
Address: 3310 NOHLCREST PLACE  
City-St-Zip: PLANT CITY, FL 33566

I hereby 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 all other like empowered.

SIGNATURE: KATHY MOON

SECR

03/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date