2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N94000003026

Entity Name: EMERALD SPRINGS HOMES OF DAVIE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

11011 SHERIDAN ST.
#208
COOPER CITY, FL 33026

New Principal Place of Business:

Current Mailing Address:

11011 SHERIDAN ST.
#208
COOPER CITY, FL 33026

New Mailing Address:

FEI Number: 59-2824864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EISINGER, DENNIS J ESQ.
4000 HOLLYWOOD BLVD
#265S
HOLLYWOOD, FL 33021 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:	D	( ) Delete
Name:	TSIKIS, EUGENE	
Address:	2400 SW 131 TER.	
City-St-Zip:	DAVIE, FL 33325	
Title:	DP	( ) Delete
Name:	MCKENZIE, SUSAN	
Address:	2320 SW 131 TER.	
City-St-Zip:	DAVIE, FL 33325	
Title:	S	( ) Delete
Name:	MAYER, PAULA	
Address:	2402 SW 182 WAY	
City-St-Zip:	DAVIE, FL 33325	
Title:	DT	( ) Delete
Name:	BERRYMAN, PAUL	
Address:	2311 SW 131 TER.	
City-St-Zip:	DAVIE, FL 33325	
Title:	DVP	( ) Delete
Name:	ANCONA, KAREN	
Address:	2191 SW 131 TER.	
City-St-Zip:	DAVIE, FL 33325	
Title:	D	( ) Delete
Name:	BENJAMIN, JAMES	
Address:	2401 SW 131 TER.	
City-St-Zip:	DAVIE, FL 33325	

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:	
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: SUSAN MCKENZIE DP 04/23/2008

Electronic Signature of Signing Officer or Director — Date