NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

# FILED
# May 11 1998 8:00am
# Secretary of State

DOCUMENT # N94000004536 (8)

1. Corporation Name

EMERALD BAY II ASSOCIATION, INC.

[redacted]

| Principal Place of Business | Mailing Address |
|---|---|
| 1916 BOOTHE CIRCLE<br>LONGWOOD, FL 32750 | 6610 ST.AUGUSTINEROAD<br>JACKSONVILLE, FL 32217 |

3. Date Incorporated or Qualified: 09/12/1994
3a. Date of Last Report:

2. Principal Place of Business: 1916 Boothe Circle
Suite, Apt. #, etc.:
City & State: Longwood, FL
Zip: 32750 Country: 25 Seminole

2a. Mailing Address: 26 1916 BOOTHE CIRCLE
Suite, Apt. #, etc.: 27
City & State: 28 LONGWOOD, FL
Zip: 29 32750 Country: 30

4. FEI Number: 59-3312433 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes X

9. Name and Address of Current Registered Agent

MIMI KNIGHT
1916 BOOTHE CIRCLE
LONGWOOD, FL 32750

10. Name and Address of New Registered Agent

81 Name: ZABEL, JON
82 Street Address (P.O. Box Number is Not Acceptable): 1916 Boothe Circle
83
84 City: Longwood FL 85 Zip Code: 32750

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE: 4-30-98
Signature required or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KNIGHT, MIMI<br>1916 BOOTHE CIRCLE<br>LONGWOOD, FL 32750 ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PD<br>ZABEL, JON<br>1916 BOOTHE CIRCLE<br>LONGWOOD, FL 32750 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>TYE, ARTHUR<br>1916 BOOTHE CIRCLE<br>LONGWOOD, FL 32750 ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | STD<br>WILSON, ROBIN C.<br>1916 BOOTHE CIRCLE<br>LONGWOOD, FL 32750 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ABERNATHY, JIMMY<br>1916 BOOTHE CIRCLE<br>LONGWOOD, FL 32750 ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13.

SIGNATURE: [signature] 4-30-98 407-831-3316
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #