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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004536

1. Corporation Name
EMERALD BAY II ASSOCIATION, INC.

Principal Place of Business
1916 BOOTHE CIR.
LONGWOOD FL 32750

Mailing Address
1916 BOOTHE CIR.
LONGWOOD FL 32750

2. Principal Place of Business	2a. Mailing Address
21 2215 EAST STATE RD 200	26 P O BOX 1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 YULEE FL	City & State 28 YULEE FL
Zip 24 32097 / Country 25 US	Zip 29 32041-1987 / Country 30 US

3. Date Incorporated or Qualified: 09/12/1994

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

9. Name and Address of Current Registered Agent

ZABEL, JON
1916 BOOTHE CIR.
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: POWELL, TERRELL J.
82 Street Address (P.O. Box Number is Not Acceptable): 2215 EAST STATE RD 200
83
84 City: YULEE FL 85 Zip Code: 32097

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 Terrell J. Powell Terrell J. Powell 5-5-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	ZABEL, JON		1.2 NAME	JOHNS, KENNETH L JR	
STREET ADDRESS	1916 BOOTHE CIR.		1.3 STREET ADDRESS	11217 SAN JOSE BLVD	
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VPD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	TYE, ARTHUR		2.2 NAME	ZAKOSKE, JOHN E	
STREET ADDRESS	1916 BOOTHE CIR.		2.3 STREET ADDRESS	11217 SAN JOSE BLVD	
CITY-ST-ZIP	LONGWOOD FL 32750		2.4 CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	STD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	WILSON, ROBIN C		3.2 NAME	ARNOLD, CHARLES W II	
STREET ADDRESS	1916 BOOTHE CIR.		3.3 STREET ADDRESS	11217 SAN JOSE BLVD	
CITY-ST-ZIP	LONGWOOD FL 32750		3.4 CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/2/99 904/225-9070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
KENNETH L. JOHNS JR.

CR2E037 (11/98)