FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # N94000004536 1. Entity Name EMERALD BAY II ASSOCIATION, INC. 04-02-2001 90054 015 ****61.25 Principal Place of Business Mailing Address 2215 E STATE RD 200 PI BOX 1987 YULES FL 32041-1987 YUKLES FL 32097 2. Principal Place of Business 3. Mailing Address 2215 E STAE RD 200 P O BOX 1987 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State YULEE FL 32097 City & State Applied For 59-3312433 YÜLEE FL 32041-1987 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required === 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TERRELL POWELL Street Address (P.O. Box Number is Not Acceptable) ZABEL, JON 2215 E STATE RD 200 YUKEE FL 32097 Zip Code 32097 FL YULEE 8. 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. **Addition** Change TITLE TITLE Delete GLEN C BREWER JONES, KENNETH L JR NAME NAME 5220 EMERALD GLADES COURT STREET ADDRESS STREET ADDRESS 11217 SAN JOSE BLVD JACKSONVILLE FL 32277 JAX FL 32223 CITY-ST-7IP CITY-ST-ZIP V/DDelete Addition ۷D Change TITLE TITLE ZAKOSKE, JOHN E NAME RONALD REINOLDS NAME STREET ADDRESS 11217 SAN JOSE BLVD STREET ADDRESS 4584 MISTY DAWN COURT N CITY-ST-ZIP CITY-ST-7IP JAX FL 32223 JACKSONVILLE FL 32277 SD Addition Change Delete TITLE TITLE S/D ARNOLD, CHARLES E II NAME NAME EDWARD LAABS STREET ADDRESS 11217 SAN JOSE BLVD STREET ADDRESS 4464 MISTY DAWN COURT S CITY-ST-ZIP CITY-ST-ZIP JAX FL 32223 JACKSONVILLE FL 32277 Change **Addition** ☐ Delete TITLE NAME NAME KAREN NEUTEL . STREET ADDRESS STREET ADDRESS 4456 MISTY DAWN COURT CITY-ST-ZIP CITY-ST-ZIP <u>JACKSONVILL</u> <u>E FL 32277</u> Addition TITLE ☐ Delete NAME NAME DEBORAH BRILL STREET ADDRESS STREET ADDRESS 4ACRSHISTYLPAWN 99487 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP