2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# N94000004687

Entity Name: OPAL CREEK/EMERALD COURT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16000 EMERALD COVE ROAD
WESTON, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

16000 EMERALD COVE ROAD
WESTON, FL 33331 US

New Mailing Address:

FEI Number: 65-0557247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
2255 GLADES ROAD
SUITE 300E
BOCA RATON, FL 33431 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 ( ) Delete
Name: MONGELLO, JILL
Address: 16000 EMERALD COVE ROAD
City-St-Zip: WESTON, FL 33331

Title: DVP ( ) Delete
Name: BARNES, JONATHAN
Address: 16000 EMERALD COVE ROAD
City-St-Zip: WESTON, FL 33331

Title: DT ( ) Delete
Name: HATCHWELL, SAM
Address: 16000 EMERALD COVE ROAD
City-St-Zip: WESTON, FL 33331

Title: DS ( ) Delete
Name: SODARO, RUSSELL
Address: 16000 EMERALD COVE ROAD
City-St-Zip: WESTON, FL 33331

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: DS (X) Change ( ) Addition
Name: RUIZ-HOUSTON, GINA
Address: 16000 EMERALD COVE ROAD
City-St-Zip: WESTON, FL 33331

Title: D ( ) Change (X) Addition
Name: KARPF, BRIAN
Address: 16000 EMERALD COVE ROAD
City-St-Zip: WESTON, FL 33331

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: JILL MONGELLO DP 04/05/2009

Electronic Signature of Signing Officer or Director — Date