2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N95000003386

Entity Name: EMERALD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

101 BRETT STREET
DAVENPORT, FL 33837 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1074
DAVENPORT, FL 33837 US

New Mailing Address:

101 BRETT STREET
DAVENPORT, FL 33837 US

FEI Number: 65-0654611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROTHA, LAUREL
509 JEREMY DR
DAVENPORT, FL 33837 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: O ( ) Delete
Name: SINK, DON
Address: 163 BRETT ST
City-St-Zip: DAVENPORT, FL 33837

Title: O ( ) Delete
Name: ROBINSON, MARYANNE
Address: 106 KELLY CT
City-St-Zip: DAVENPORT, FL 33837

Title: O ( ) Delete
Name: INMON, PATRICK
Address: 119 JEREMY DR
City-St-Zip: DAVENPORT, FL 33837

Title: D ( ) Delete
Name: BELYEA, NORM
Address: 121 KELLY CT
City-St-Zip: DAVENPORT, FL 33837

Title: D ( ) Delete
Name: BRUNEAU, PAUL
Address: 612 JEREMY DR
City-St-Zip: DAVENPORT, FL 33837

Title: D ( ) Delete
Name: CHEW, MARYJANE
Address: 138 KELLY CT
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: SINK, DAN
Address: 163 BRETT ST
City-St-Zip: DAVENPORT, FL 33837

Title: D (X) Change ( ) Addition
Name: ROBINSON, MARYANNE
Address: 106 KELLY CT
City-St-Zip: DAVENPORT, FL 33837

Title: D (X) Change ( ) Addition
Name: COUNTERMAN, RUTHANN
Address: 314 JEREMY DR
City-St-Zip: DAVENPORT, FL 33837

Title: D (X) Change ( ) Addition
Name: FOSTER, ANDREA
Address: 114 KELLY CT
City-St-Zip: DAVENPORT, FL 33837

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: ROTHA LAUREL PRES 04/10/2009

Electronic Signature of Signing Officer or Director — Date