2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000621

FILED Apr 23, 2007 Secretary of State

Entity Name: EMERALD WATERS VILLAGE OWNER'S ASSOCIATION, INC.

Jurrent P	rincipal Place of Business:	New Principal Place of Business:
215 GRAN SUITE 200 MIRAMAR		
Current M	ailing Address:	New Mailing Address:
215 GRAN SUITE 200 MIRAMAR		
El Number:	: 59-3516013 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
215 GRAN SUITE 200 MIRAMAR	BEACH, FL 32550 US	
	named entity submits this statement for the period of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATUF	RE:	
	Electronic Signature of Registered Ag	ent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Fitle: Name: Address: City-St-Zip:	DP () Delete ROBINSON, MARGIE 20 ST FRANCIS DR SOUTH MIRAMAR BEACH, FL 32550 US	Title: () Change () Addition Name: Address: City-St-Zip:
Γitle: Name:	DS () Delete MUENCH, PATTI 258 ST FRANCIS DR N	Title: () Change () Addition Name: Address:
Address: City-St-Zip:	MIRAMAR BEACH, FL 32550 US	City-St-Zip:
\ddress:	DT () Delete SEELMAN, CRAIG PO BOX 62 DUPO, IL 62239 US	City-St-Zip: Title: DT (X) Change () Addition Name: BOREN, CRAIG Address: 17124 LAFAYETTE TRAILS CT City-St-Zip: WILDWOOD, MO 63038 US
Address: Dity-St-Zip: Fitle: Name: Address:	DT () Delete SEELMAN, CRAIG PO BOX 62	Title: DT (X) Change () Addition Name: BOREN, CRAIG Address: 17124 LAFAYETTE TRAILS CT
Address: City-St-Zip: Title: Jame: Address: City-St-Zip: Title: Jame: Address:	DT () Delete SEELMAN, CRAIG PO BOX 62 DUPO, IL 62239 US D () Delete BOGGESS, BOB 12716 SEARCY RD	Title: DT (X) Change () Addition Name: BOREN, CRAIG Address: 17124 LAFAYETTE TRAILS CT City-St-Zip: WILDWOOD, MO 63038 US Title: DV (X) Change () Addition Name: BOGGESS, BOB Address: 12716 SEARCY RD

I hereby certify that the information supplied with this filing does not qualify for the 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: PATTY MUENCH SEC 04/23/2007