2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 8:00 am Secretary of State

DOCUMENT # N9800000 1. Entity Name EMERALD WOODS PROPERTY O INC.	04-2	24-2008 90	JI 25 049 ******61	.25		
Principal Place of Business 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 US		Mailing Address 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 US) 	. 1611 1811 1881 1881 1881 1881 1	IIIIII 11 3111
2. Principal Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02132008 Chg	J-NP	CR2E037 (12/06)	
City & State	City & State			}	No	oplied For ot Applicable
Zip Country	Zip	Country	5. Certificate of State		See Require	
ADVANCED MANAGMENT OF SW FL, INC. 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 Stree Beth Callans Management Corp. 595Bay Isles Road Suite 200 City Longboat Key , FL 34228					le	
8. The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered age Filling Fee Is \$61.25 Due by May 1, 2008	Doubehalf on and title if applicable. (NOT	Pof EMERAL E. Registered Agent signature requi	IdWoods FI	Poperti		255 <i>0</i> C,
10. OFFICERS AND D		11.	ADDITIONS/CHANGES	TO OFFICER	RS AND DIRECTORS IN	I 10
NAME HOHNSEN, JERRY STREET ADDRESS CITY-ST-2IP OSPREY, FL 34229	D elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE SD NAME: BRENNAN, PETER STREET ADDRESS 1771 AMETHYST LN CITY-ST-ZIP OSPREY, FL 34229	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME DELL, HAROLD STREET ADDRESS 127 TURQUOISE LANE CITY-ST-ZIP OSPREY, FL 34229	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		, Change	(_ Addition
TITLE AS NAME WILSON, DOUGLAS E STREET ADDRESS 9031 TOWN CNTR PKWY BRADENTON, FL 34202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE TD NAME ANGELL, DALE STREET ADDRESS 189 TURQUOISE LN CITY-ST-ZIP OSPREY, FL 34229	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE D KAHLER, ROBERT STREET ADDRESS CITY-SI-ZIP OSPREY, FL 34229 12. I hereby certify that the information supplied w	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

indicated on this report or supplied with this mind does not quality for the exemptions contained in chapter 119, Florida Statutes, 1 futner certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it 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.

SIGNATURE: