RECEIVED FEB 28

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State
03-02-2005 90091 030 ****61.25

00021521

DOCUMENT # N99000003309

1. Entity Name
EMERALD WOODS HOA, INC.

Principal Place of Business
1815 MICCOSUKEE COMMONS DR., STE 104
TALLAHASSEE, FL 32308

Mailing Address
PO BOX 14019
TALLAHASSEE, FL 32317

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3641199 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SEGAL, TRACY
1815 MICCOSUKEE COMMONS DR., STE 104
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☑ Delete
NAME	WILLIAMS, WENDY	
STREET ADDRESS	1815 MICCOSUKEE COMMONS DR., STE 104	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	VP	☐ Delete
NAME	PHILLIPS, TED	
STREET ADDRESS	1815 MICCOSUKEE COMMONS DR., STE 104	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	S	☑ Delete
NAME	ROBERTS, BARBARA	
STREET ADDRESS	1815 MICCOSUKEE COMMONS DR., STE 104	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	T	☑ Delete
NAME	BRYSON, BARBARA	
STREET ADDRESS	1815 MICCOSUKEE COMMONS DR., STE 104	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	☑ Delete
NAME	JACKSON, MALINDA	
STREET ADDRESS	1815 MICCOSUKEE COMMONS DR., STE 104	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	PAID FEB 07 2005	☐ Delete
NAME		
STREET ADDRESS	ENTD FEB 07 2005	
CITY-ST-ZIP	J10-46848 5600	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	☐ Change ☑ Addition
NAME	Chris Howell	
STREET ADDRESS	2814 Topaz Way	
CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	PD	☑ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	☐ Change ☑ Addition
NAME	Sean Friend	
STREET ADDRESS	8673 Alexandrite Ct.	
CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	VPD	☐ Change ☑ Addition
NAME	Mike Smith	
STREET ADDRESS	8677 Alexandrite Ct.	
CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	SD	☐ Change ☑ Addition
NAME	David Washington	
STREET ADDRESS	2801 Topaz Way	
CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: X Ted Phillips — 02-22-05 — 385-0094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #