

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2007 8:00 am**  
**Secretary of State**

08-08-2007 90068 017 \*\*\*\*61.25

<b>DOCUMENT # N99000003309</b> 1. Entity Name <b>EMERALD WOODS HOA, INC.</b>					
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 - No P.O. Box # <b>3968 N. Monroe St.</b>		3. Mailing Address <b>P.O. Box 180657</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		07062007    Chg-NP    CR2E037 (12/06)	
City & State <b>Tallahassee FL</b>		City & State <b>Tallahassee FL</b>		4. FEI Number <b>59-3641199</b>	
Zip <b>32303</b>		Country <b>USA</b>		Applied For Not Applicable	
Zip <b>32318</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SEGAL, TRACY</b> <b>1815 MICCOSUKEE COMMONS DR., STE 104</b> <b>TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent Name <b>LeAnn Sbordone</b> Street Address (P.O. Box Number is Not Acceptable) <b>Homeowners Association Services</b> <b>3968 N. Monroe St.</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32303</b>	
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: <u><b>LeAnn Sbordone</b></u> <b>LeAnn Sbordone Manager</b> <b>8-1-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, MIKE 8677 ALEXANDRITE CT. TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WASHINGTON, DAVID 2801 TOPAZ WAY TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Boyd Murphree</b> <b>8697 Alexandrite Ct.</b> <b>Tallahassee, FL 32309</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, STEVE 2825 TOPAZ WAY TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Joe Pfanz</b> <b>8692 Alexandrite Ct.</b> <b>Tallahassee, FL 32309</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bobby Burkett</b> <b>8661 Alexandrite Ct.</b> <b>Tallahassee, FL 32309</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><b>LeAnn Sbordone</b></u> <b>LeAnn Sbordone Manager</b> <b>8-1-07</b> <b>850-562-8708</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					