

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90018 010 ****61.25

DOCUMENT # N99000003309

1. Entity Name
EMERALD WOODS HOA, INC.



Principal Place of Business
**3968 N. MONROE ST
TALLAHASSEE, FL 32303**

Mailing Address
**PO BOX 180657
TALLAHASSEE, FL 32318**

60046391



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07312008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3641199

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**SBORDONE, LEANN
HOMEOWNERS ASSOCIATION SERVICES
3968 N. MONROE ST
TALLAHASSEE, FL 32303**

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 September 12, 2008**

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	<input type="checkbox"/> Delete
NAME	SMITH, MIKE	
STREET ADDRESS	8677 ALEXANDRITE CT.	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOYD, MURPHREE	
STREET ADDRESS	8697 ALEXANDER CT	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, STEVE	
STREET ADDRESS	2825 TOPAZ WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	D	<input type="checkbox"/> Delete
NAME	PFLANZ, JOE	
STREET ADDRESS	8692 ALEXANDRITE CT	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKETT, BOBBY	
STREET ADDRESS	8661 ALEXANDRITE CT	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Curry	
STREET ADDRESS	8693 Alexandrite Ct.	
CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Leann Sbordone - Manager*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-08

Date

850-562-8708

Daytime Phone #