

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003309

FILED  
Mar 07, 2009  
Secretary of State

Entity Name: EMERALD WOODS HOA, INC.

## Current Principal Place of Business:

3968 N. MONROE ST  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

3096 WHIRLAWAY TRAIL  
TALLAHASSEE, FL 32309

## Current Mailing Address:

PO BOX 180657  
TALLAHASSEE, FL 32318

## New Mailing Address:

2910 KERRY FOREST PARKWAY, D-4 # 294  
TALLAHASSEE, FL 32309

FEI Number: 59-3641199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

GARBARK, CHERI  
3096 WHIRLAWAY TRAIL  
TALLAHASSEE, FL 32309 US

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.

SIGNATURE: CHERI GARBARK

03/07/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, MIKE  
Address: 8677 ALEXANDRITE CT.  
City-St-Zip: TALLAHASSEE, FL 32309

Title: S ( ) Delete  
Name: BOYD, MURPHREE  
Address: 8697 ALEXANDER CT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: T ( ) Delete  
Name: CURRY, THOMAS  
Address: 8693 ALEXANDRITE CT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: PFLANZ, JOE  
Address: 8692 ALEXANDRITE CT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: BURKETT, BOBBY  
Address: 8661 ALEXANDRITE CT  
City-St-Zip: TALLAHASSEE, FL 32309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: WILLIAMS, STEVEN SR  
Address: 2825 TOPAZ WAY  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change ( ) Addition  
Name: CURRY, THOMAS  
Address: 8693 ALEXANDRITE CT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: BURKETT, BOBBY  
Address: 8661 ALEXANDRITE CT  
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify 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: CHERI GARBARK

PM

03/07/2009

Electronic Signature of Signing Officer or Director

Date