

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000091428	
1. Entity Name EMERALD FOREST COMMUNITIES, INC.	
Principal Place of Business 822 SAXON BLVD SUITE 2 ORANGE CITY, FL 32763	Mailing Address 2248 GRAND AVE DELAND, FL 32720



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2920250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LEE, RICHARD A 2248 GRAND AVE DELAND, FL 32720

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000918945
05/13/08-80103-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, RICHARD A 2790 SANGER TERR DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, GINA M 2790 SANGER TERR DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, RICHARD I 2248 GRAND AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, SANDRA F 2248 GRAND AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: Sandra F. Lee SANDRA F. LEE 4/21/08 386-775-1785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #