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2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am DOCUMENT # **P95000052067** Secretary of State 1. Entity Name EMERALD RIDGE TOWNHOMES, INC. 05-02-2001 90120 012 ***150.00 Principal Place of Business Mailing Address 244 HIGHLAND AVE 244 HIGHLAND AVE SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459 2. Principal Place of Business 3. Mailing Address 2100 SOUTH BRIDGE PKWY. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE City & State City & State 4. FEI Number Applied For 59-3322878 BIRMINGHAM Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П USA 209 Fee Required 7. Name and Address of New Registered Agent _6.-Name and Address of Current Registered Agent = Name BELCHER, VAN E Street Address (P.O. Box Number is Not Acceptable) 115 SANDY LANE SANTA ROSA BEACH FL 32459 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Delete TIM DONAHUE BELCHER, VAN E NAME NAME 2100 SOUTHBRIDGE PRWY, STE 585 STREET ADDRESS 115 SANDY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GRAYTON BEACH FL 32459** BIRMINGHAM, AL TITLE Delete TITLE CANNON, JOE B NAME NAME STREET ADDRESS STREET ADDRESS 109 BANFILL ROAD CITY-ST-ZIP CITY-ST-ZIP **GRAYTON BEACH FL 32459** TITLE Delete TITLE ☐ Change ☐ Addition LEE, JAMES T SR NAME NAME STREET ADDRESS STREET ADDRESS 244 HIGHLAND AVE CITY-ST-21P CITY-ST-ZIP SANTA ROSA BEACH FL TITI F Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP-

13. 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 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: