

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0100007012

**FILED**  
**May 11, 2021**  
**Secretary of State**  
**9350098003CC**

**Entity Name:** EMILY'S WALK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

586 MARSH LANDING PARKWAY  
C/O LIFESTYLES PROPERTY SERVICES  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

586 MARSH LANDING PARKWAY  
C/O LIFESTYLES PROPERTY SERVICES  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 59-3649058

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LIFESTYLES PROPERTY SERVICES, LLC  
586 MARSH LANDING PARKWAY  
C/O LIFESTYLES PROPERTY SERVICES  
JACKSONVILLE BEACH, FL 32250 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:** DANIEL LUCKETT

05/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD, DIRECTOR  
Name JOYCE, PATRICK  
Address 586 MARSH LANDING PARKWAY  
C/O LIFESTYLES PROPERTY SERVICES  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title D  
Name ODOM, TEARRA  
Address 586 MARSH LANDING PARKWAY  
C/O LIFESTYLES PROPERTY SERVICES  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR  
Name IULIANO, KRISTY  
Address 586 MARSH LANDING PARKWAY  
C/O LIFESTYLES PROPERTY SERVICES  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VP, DIRECTOR  
Name JEFFERSON, GEARY  
Address 586 MARSH LANDING PARKWAY  
C/O LIFESTYLES PROPERTY SERVICES  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR, TREASURER  
Name LIKENS, DON  
Address 586 MARSH LANDING PARKWAY  
C/O LIFESTYLES PROPERTY SERVICES  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title D, SECRETARY  
Name JOLLY, REGINALD  
Address 586 MARSH LANDING PARKWAY  
C/O LIFESTYLES PROPERTY SERVICES  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR  
Name DANIELS, DONNELL  
Address 586 MARSH LANDING PARKWAY  
C/O LIFESTYLES PROPERTY SERVICES  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*I hereby 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 all other like empowered.*

**SIGNATURE:** PATRICK JOYCE

**PRESIDENT**

05/11/2021

