

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 714246 1. Entity Name EMERALD HARBOR ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 101 LONGBOAT KEY, FL 34228 US	Mailing Address P.O. BOX 101 LONGBOAT KEY, FL 34228 US
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07292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7363058	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ATHERTON, SUSAN 771 OLD COMPASS RD LONGBOAT KEY, FL 34228	DO NOT WRITE IN THIS SPACE
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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 *Susan M Atherton* DATE 8/20/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRK, JAYNE 630 EMERALD HARBOUR DR LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ATHERTON, SUSAN 771 OLD COMPASS RD LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERS, ANDREW 781 EMERALD HARBOR DR LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAFT, BOB 701 BINNACLE POINT DRIVE LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, DOUGLAS 781 EMERALD HARBOR DRIVE LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VORHEES, PAMELA 6011 EMERALD HARBOR DRIVE LONGBOAT KEY, FL 34228

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08/26/05-80005-018 61.25

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12. 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 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: *Susan M Atherton* Susan M Atherton 8/20/05 941-518-4994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #