

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714246

FILED
Feb 03, 2007
Secretary of State

Entity Name: EMERALD HARBOR ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 101
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

771 OLD COMPASS RD
LONGBOAT KEY, FL 34228 US

Current Mailing Address:

P.O. BOX 101
LONGBOAT KEY, FL 34228 US

New Mailing Address:

FEI Number: 23-7363058 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ATHERTON, SUSAN
771 OLD COMPASS RD
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KIRK, JAYNE
Address: 630 EMERALD HARBOUR DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S () Delete
Name: ATHERTON, SUSAN
Address: 771 OLD COMPASS RD
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: BERS, ANDREW
Address: 781 EMERALD HARBOR DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: CRAFT, BOB
Address: 701 BINNACLE POINT DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: YOUNG, DOUGLAS
Address: 761 EMERALD HARBOR DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T () Delete
Name: VOORHESS, PAMELA
Address: 6011 EMERALD HARBOR DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN M. ATHERTON

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02/03/2007

Electronic Signature of Signing Officer or Director

Date