

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90471 015 ****61.25

DOCUMENT # N00000007991

1. Entity Name

EMERALD LAKES COMMERCIAL OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

~~39987 EMERALD COAST PARKWAY~~
DESTIN FL 32541

~~39987 EMERALD COAST PARKWAY~~
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

4507 FURLING

PO Box 5708

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT # 213

City & State

City & State

Destin, FL

Destin, FL

Zip

Country

Zip

Country

32541

okaloosa

32540

okaloosa

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, STEVEN K ESQ
36468 EMERALD COAST PARKWAY SUITE 2201
DESTIN FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D SHARPE, JAMES A**
 STREET ADDRESS ~~39987 EMERALD COAST PARKWAY~~
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE Change Addition
 NAME **D Sharpe, James A.**
 STREET ADDRESS **165 Crest Drive**
 CITY-ST-ZIP **Destin, FL 32550**

TITLE Delete
 NAME **D CARR, SHANNON**
 STREET ADDRESS ~~39987 EMERALD COAST PARKWAY~~
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE Change Addition
 NAME **D CARR, SHANNON S.**
 STREET ADDRESS **4465 Kingslynn Road**
 CITY-ST-ZIP **Niceville, FL 32578**

TITLE Delete
 NAME **D HALL, STEVEN K**
 STREET ADDRESS ~~36468 EMERALD COAST PARKWAY SUITE 2101~~
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D Angner, Joseph J.**
 STREET ADDRESS **151 Crest Drive**
 CITY-ST-ZIP **Destin, FL 32550**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Jamaur Sharpe**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01

Date

850-654-4550

Daytime Phone #

CR2E037 (10/00)

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