## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N00000007991

FILED Apr 12, 2007 Secretary of State

Entity Name: EMERALD LAKES COMMERCIAL OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

374 DRIFTWOOD PT. RD 10221 EMERALD COAST PKWY STE 23

SANTA ROSA BEACH, FL 32459 MIRAMAR BEACH, FL 32550

Current Mailing Address:

PO BOX 5708 10221 EMERALD COAST PKWY STE 23

DESTIN, FL 32540 MIRAMAR BEACH, FL 32550

FEI Number: 65-1084782 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**New Mailing Address:** 

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

SHARPE, JAMES A GELDER, JAY

165 CREST DR. 10221 EMERALD COAST PKWY STE 23
DETIN, FL 32550 US MIRAMAR BEACH, FL 32550 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: JAY GELDER 04/12/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: D ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 SHARPE, JAMES A
 Name:
 CLARY, CAROL

 Address:
 165 CREST DRIVE
 Address:
 P.O. BOX 778

 City-St-Zip:
 DESTIN, FL 32550
 City-St-Zip:
 SHALIMAR, FL 32579

Title: D ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 CARR, SHANNON
 Name:
 HERMAN, MIKE

 Address:
 4465 KINGSLYNN ROAD
 Address:
 615 OPA LOCKA LANE

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 DESTIN, FL 32541

Title: D ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 ANGNER, JOSEPH J
 Name:
 POTTSCHMIDT, ERIC

 Address:
 151 CREST DRIVE
 Address:
 615 OPA LOCKA LANE

 City-St-Zip:
 DESTIN, FL 32550
 City-St-Zip:
 DESTIN, FL 32550

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: CAROL CLARY PD 04/12/2007