

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007991

FILED  
Apr 11, 2008  
Secretary of State

**Entity Name:** EMERALD LAKES COMMERCIAL OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10221 EMERALD COAST PKWY STE 23  
MIRAMAR BEACH, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

10221 EMERALD COAST PKWY STE 23  
MIRAMAR BEACH, FL 32550

**New Mailing Address:**

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

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

GELDER, JAY  
10221 EMERALD COAST PKWY STE 23  
MIRAMAR BEACH, FL 32550      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: PD ( ) Delete  
Name: CLARY, CAROL  
Address: P.O. BOX 778  
City-St-Zip: SHALIMAR, FL 32579

Title: VPD ( ) Delete  
Name: HERMAN, MIKE  
Address: 615 OPA LOCKA LANE  
City-St-Zip: DESTIN, FL 32541

Title: STD ( ) Delete  
Name: POTTSCHMIDT, ERIC  
Address: 615 OPA LOCKA LANE  
City-St-Zip: DESTIN, FL 32550

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition  
Name: SHOULTS, MIKE  
Address: OPA LOCKA LANE  
City-St-Zip: DESTIN, FL 32541

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

I hereby certify that the information supplied with this filing does not qualify 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

04/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date