


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90027 020 \*\*\*\*70.00

<b>DOCUMENT # N48506</b> 1. Entity Name <b>EMERALD COAST HOUSING II INC.</b>					
Principal Place of Business <b>110 PERRY AVENUE FT. WALTON BCH., FL 32548 US</b>			Mailing Address <b>110 PERRY AVENUE FT. WALTON BCH., FL 32548 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3316619</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WRIGHT, LAURA B 110 PERRY AVENUE FT. WALTON BCH., FL 32548</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEARCE, BEN 551 MOONEY ROAD FORT WALTON BEACH, FL 32547		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WRIGHT, LAURA B. 110 PERRY AVE. FT WALTON BEACH, FL 32549		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Rebecca Freeman 9A Magnolia St. Fort Walton Beach, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLLING, KIM 1170 MARTIN LUTHER KING JR. BLVD. BLDG. 7 FORT WALTON BEACH, FL 32547		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILCOX, CINTHIA 110 PERRY AVE SE FORT WALTON BEACH, FL 32548		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Jeff VanHusen 253 Ventura Circle Fort Walton Beach, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, ROBERT 200 WILLING ST MILTON, FL 32570		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Laura B Wright</u>			Date <u>4-28-08</u>		