

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Byham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N95000003448 (6)
1. Corporation Name
EMERALD TOWERS WEST OWNERS ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 780 SUNDAIL COURT FT. WALTON BEACH FL 32548 | Mailing Address 208 HOOD STREET, SE FT. WALTON BEACH FL 32548 |
|---|---|

3. Date Incorporated or Qualified
07/20/1995

4. FEI Number **59-355 2221** Applied For Not Applicable
APPLIED FOR

| | |
|--|--|
| 2. Principal Place of Business 21 780 Sundial Court Suite, Apt. #, etc. 22 | 2a. Mailing Address 26 676 Santa Rosa Blvd. Suite, Apt. #, etc. 27 |
| City & State 23 ft. Walton Beach, FL | City & State 28 Ft. Walton Beach, FL |
| Zip 24 32578 | Country 25 USA |
| Zip 29 32578 | Country 30 USA |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BURKE, LES W
BURKE & BLUE P.A.
221 MCKENZIE AVENUE
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name Ron Whitfield |
| 82 Street Address (P.O. Box Number is Not Acceptable) c/o Abbott Resorts.. Inc. |
| 83 676 Santa Rosa Blvd. |
| 84 City Ft. Walton Beach |
| 85 Zip Code FL 32578 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|-----------------------------|--|
| TITLE PD | NAME DEAL, VIC | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 208 HOOD STREET, SOUTHEAST | | |
| CITY-ST-ZIP FT. WALTON BEACH FL 32548 | | |
| TITLE VPD | NAME KLEIN, FRED | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 2004 TUCKER ROAD | | |
| CITY-ST-ZIP PERRY GA 31069 | | |
| TITLE STD | NAME DEAL, SHIRLI | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 208 HOOD STREET, SOUTHEAST | | |
| CITY-ST-ZIP FT. WALTON BEACH FL 32548 | | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 1.1 TITLE President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME B.M. Shaw Buhler | |
| 1.3 STREET ADDRESS P.O. Box 293 | |
| 1.4 CITY-ST-ZIP Colliersville, TN 38027 | N/A |
| 2.1 TITLE Vice-President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME Ronald Poe | |
| 2.3 STREET ADDRESS 261 Germantown Ben Cove | |
| 2.4 CITY-ST-ZIP Cordeva, TN 38018 | |
| 3.1 TITLE Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME Jane Wells | |
| 3.3 STREET ADDRESS 497 Dorset Blvd. | |
| 3.4 CITY-ST-ZIP Carmel, IN 46032 | |
| 4.1 TITLE Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME Dorothy Gill | |
| 4.3 STREET ADDRESS 4027 Indian Trail | |
| 4.4 CITY-ST-ZIP Destin, FL 32541 | |
| 5.1 TITLE Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME Gerry Bryan | |
| 5.3 STREET ADDRESS Rural Rt. 3 | |
| 5.4 CITY-ST-ZIP Mendota, IL 61342 | |
| 6.1 TITLE Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME Steve Everidge | |
| 6.3 STREET ADDRESS 2200 Bowman Circle | |
| 6.4 CITY-ST-ZIP Pell City, AL 35125 | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4-21-98

CR2E037 (1097)