

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90008 036 \*\*\*\*61.25

**DOCUMENT # N95000003448**

1. Entity Name

**EMERALD TOWERS WEST OWNERS ASSOCIATION, INC.**

Principal Place of Business

**780 SUNDIAL COURT  
 FT. WALTON BEACH FL 32548**

Mailing Address

**1333 MIRACLE STRIP PKWY  
 FT. WALTON BEACH FL 32758  
 US**

2. Principal Place of Business

3. Mailing Address

**43 SW Miracle Strip Pkwy.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Fort Walton Beach, FL**

4. FEI Number

**59-3352221**

Applied For

Not Applicable

Zip

Country

Zip

**32548**

Country

**Okaloosa**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CLARK, KIM  
 1333 MIRACLE STRIP PKWY  
 FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

Name **Brooks, Shorey & Associates Ron Shorey**  
 Street Address (P.O. Box Number is Not Acceptable)  
**43 SW Miracle Strip Parkway**  
 City **Fort Walton Beach FL** Zip Code **32548**

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

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>POE, RONALD</b>	
STREET ADDRESS	<b>261 GERMANTOWN BEN COVE</b>	
CITY-ST-ZIP	<b>CORDOVA TN 38018</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANSON, JIM</b>	
STREET ADDRESS	<b>2412 SPRINGDALE RD. #104</b>	
CITY-ST-ZIP	<b>WAUKESHA WI 53186</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WELLS, JANE</b>	
STREET ADDRESS	<b>497 DORSET BLVD</b>	
CITY-ST-ZIP	<b>CARMEL IN 46032</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GILL, DOROTHY</b>	
STREET ADDRESS	<b>4027 INDIAN TRAIL</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRYAN, GERRY</b>	
STREET ADDRESS	<b>RURAL ROUTE 3</b>	
CITY-ST-ZIP	<b>MENDOTA IL 61342</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EVERIDGE, STEVE</b>	
STREET ADDRESS	<b>2200 BOWMAN CIRCLE</b>	
CITY-ST-ZIP	<b>PELL CITY AL 35125</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jackson, Ronnie</b>	
STREET ADDRESS	<b>4788 Sandpiper Lane</b>	
CITY-ST-ZIP	<b>Birmingham, AL 35244</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Anson, Jim</b>	
STREET ADDRESS	<b>N. 43 W 23195 Beaver Court</b>	
CITY-ST-ZIP	<b>Pewaukee, WI 53072</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gill, Dorothy</b>	
STREET ADDRESS	<b>544 Coral Court #101</b>	
CITY-ST-ZIP	<b>Fort Walton Beach, FL 32548</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bryan, Gerry</b>	
STREET ADDRESS	<b>780 Sundial Court</b>	
CITY-ST-ZIP	<b>Fort Walton Beach, FL 32548</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Signature and Typed or Printed Name of Signing Officer or Director**

Date

Daytime Phone #

**Signature and Typed or Printed Name of Signing Officer or Director** *Steve Everidge* **4 Vice President 2-12-01** **850-244-2121**

CRE037 (10/00)