


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90073 012 ****61.25

DOCUMENT # N95000003448
1. Entity Name
EMERALD TOWERS WEST OWNERS ASSOCIATION, INC.



Principal Place of Business: **780 SUNDAIL COURT
FT. WALTON BEACH FL 32548**
Mailing Address: **43 SW MIRACLE STRIP PKWY
FORT WALTON BEACH FL 32548
US**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country
City & State: Zip Country

4. FEI Number: **59-3352221**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
**BROOKS, SHOREY AND ASSOCIATES
43 SW MIRACLE STRIP PARKWAY
FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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: _____
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
Due By May 1, 2004**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JACKSON, RONNIE	
STREET ADDRESS	4788 SANDPIPER LANE	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANSON, JIM	
STREET ADDRESS	N 43 W 23195 BEAVER COURT	
CITY-ST-ZIP	PEWAUKEE WI 53072	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PENDLETON, LARRY	
STREET ADDRESS	3014 GOLDEN EAGLE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYAN, GERRY	
STREET ADDRESS	780 SUNDIAL COURT	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVERIDGE, STEVE	
STREET ADDRESS	2200 BOWMAN CIRCLE	
CITY-ST-ZIP	PELL CITY AL 35125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stan - Slusasz	
STREET ADDRESS	PO Box 4155	
CITY-ST-ZIP	BRANDON, MS 39047	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Gerry Bryan AS VICE-PRES*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: *1-26-04* Daytime Phone #: *850-243-2942*