

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

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
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01222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3352221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROOKS & SHOREY RESORTS, INC
 43 SW MIRACLE STRIP PARKWAY
 FORT WALTON BEACH, FL 32548

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

Filing Fee is \$61.25
Due by May 1, 2007

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

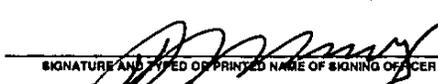
000000610990
 02/02/07-80043-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, RONNIE 4788 SANDPIPER LANE BIRMINGHAM, AL 35244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANSON, JIM N 43 W 23195 BEAVER COURT PEWAUKEE, WI 53072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLUSASZ, STAN P.O. BOX 4155 BRANDON, MS 39047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRYAN, GERRY 780 SUNDIAL COURT FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERIDGE, STEVE 2200 BOWMAN CIRCLE PELL CITY, AL 35125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  DATE: 1-27-07 DAYTIME PHONE #: 850-244-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR