

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003448

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: EMERALD TOWERS WEST OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

780 SUNDAIL COURT  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

43 SW MIRACLE STRIP PKWY  
FORT WALTON BEACH, FL 32548 US

**New Mailing Address:**

FEI Number: 59-3352221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JACKSON, RONNIE  
Address: 4788 SANDPIPER LANE  
City-St-Zip: BIRMINGHAM, AL 35244

Title: T ( ) Delete  
Name: ANSON, JIM  
Address: N 43 W 23195 BEAVER COURT  
City-St-Zip: PEWAUKEE, WI 53072

Title: S ( ) Delete  
Name: SLUSASZ, STAN  
Address: P.O. BOX 4155  
City-St-Zip: BRANDON, MS 39047

Title: VP ( ) Delete  
Name: BRYAN, GERRY  
Address: 780 SUNDIAL COURT #3007  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: EVERIDGE, STEVE  
Address: 2200 BOWMAN CIRCLE  
City-St-Zip: PELL CITY, AL 35125

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON SHOREY

MGR

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date