

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002777 (8)

1. Corporation Name

EMERALD LAKES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 39987 EMERALD COAST PARKWAY DESTIN FL 32541 US	Mailing Address P.O. BOX 5220 NICEVILLE FL 32578 US
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3. Date Incorporated or Qualified 05/24/1996	4. FEI Number APPLIED FOR 59-3381800	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 P.O. Box 5708 26 Suite, Apt. #, etc. 27 City & State 28 Destin, FL 29 Zip 30 32540 31 Country 32 OKALOOSA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HALL, STEVEN K 1234 AIRPORT ROAD #106 DESTIN FL 32541
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL 86 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SHARPE, JAMES A	1.2 NAME	
STREET ADDRESS	39987 EMERALD COAST PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	ANGNER, JOSEPH	2.2 NAME	
STREET ADDRESS	39987 EMERALD COAST PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	CHRISTIE, GERALD	3.2 NAME	
STREET ADDRESS	39987 EMERALD COAST PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	HARRIS, HELENE R	4.2 NAME	
STREET ADDRESS	4540 HIGHWAY 20 EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	CARR, SHANNON	5.2 NAME	
STREET ADDRESS	39987 EMERALD COAST PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  3-19-98 850-654-4550

CR2E037 (10/97)