FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9600002777

1. Corporation Name

EMERAL	.D LAKES PROPERTY OWN	NERS A	ASSOCIATION, INC) .			* T 5	19 - 90075 -	1 9	•
Principal Place of Business Mailing Address 39987 EMERALD COAST PARKWAY PO BOX 5708 DESTIN FL 32541 DESTIN FL 32540 US US										
2. Principal P	lace of Business	2a.	Mailing Address				3. Date Incorporated or Qualifed			
21		26					05/24/1996			
Suite, Apt.	#, etc.	\vdash	Suite, Apt. #, etc.				4. FEI Number 59-3381800		-	oplied For ot Applicable
22		27	City & State		•••		33 300 1000			Additional
City & State	e	28	City & State				5. Certifcate of Status Desired		·	equired
23 Zip	Country	20].	Zip	Count	try		6. Election Campaign Financing		\$5.00	May Be
24	25	29	· -	0	-		Trust Fund Contribution			to Fees
44	9. Name and Address of Curre	1=-1		<u></u>			10. Name and Address of New R	egistered A	Agent	
				8	31 N	Name				
HALL ST	EVEN K			8	32 S	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
HALL, STEVEN K 1234 AIRPORT ROAD #106			Ľ							
DESTIN F				8	B3					
520	2 020 11				i				85 Zip	Code
				8	R4 C	City			עוב ו בסו	Code
11 Durayant	to the provisions of Sections 617.05	ing and 6:	17 1508 Florida Statutes	1		City	oration submits this statement for the	FL purpose of	1	
agent. I a	to the provisions of Sections 617.05 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 6 e of Florid ations of,	17.1508, Florida Statutes la. Such change was aut Section 617.0503, Florid	s, the abo	ove-na	•	oration submits this statement for the on's board of directors. I hereby accep		1	
11. Pursuant office or r agent. I a	m familiar with, and accept the oblig. Signature, typed or printed name of registered age	ent and title it	applicable. (NOTE: F	s, the abo horized b da Statute	ove-na by the es.	named corpo e corporatio	d when rainstating)	purpose of of the appoint	changing it	s registered egistered
agent. I a	Im familiar with, and accept the obligation of registered again of the control of	ent and title it	applicable. (NOTE: F	s, the abo horized b da Statute Registered Ag	ove-na by the ses.	named corpo e corporatio		purpose of of the appoint	changing it ntment as r	s registered egistered
agent. I a SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ent and title it	applicable. (NOTE: F	s, the about the statute of the stat	ove-naby the es.	named corpo e corporatio	d when rainstating)	purpose of of the appoint	changing it	s registered egistered
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AI PD SHARPE, JAMES A	ent and title it	applicable. (NOTE: F	s, the abothorized bida Statute Registered Ag 13. 1.1 TITLE 1.2 NAME	ove-naby the es. gent sig	amed corporatio	d when rainstating)	purpose of of the appoint	changing it ntment as r	s registered egistered
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered agr OFFICERS AI PD SHARPE, JAMES A 39987 EMERALD COAST PAR	ent and title it	applicable. (NOTE: F	s, the about the statute of the stat	ove-naby the es. gent sig	amed corporatio	d when rainstating)	purpose of of the appoint	changing it ntment as r	s registered egistered
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PD SHARPE, JAMES A 39987 EMERALD COAST PAR DESTIN FL 32541	ent and title it	applicable. (NOTE: F	s, the abothorized by the Statute Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY	ove-naby the res.	named corpx e corporatio	d when rainstating)	purpose of of the appoint	changing it	s registered egistered DRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI PD SHARPE, JAMES A 39987 EMERALD COAST PAR DESTIN FL 32541 VPD	ent and title it	applicable. (NOTE: F	s, the abo horized b da Statute registered Ag 13. 1.1 TILE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TILE	ove-na by the ses. gent sig E IE EET ADI	named corpx e corporatio	d when rainstating)	purpose of of the appoint	changing it ntment as r	s registered egistered
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI PD SHARPE, JAMES A 39987 EMERALD COAST PAR DESTIN FL 32541 VPD ANGNER, JOSEPH	ent and title if ND DIRE	applicable. (NOTE: F	s, the abohorized bida Statute last statute 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ove-na by the es. gent sign E EET ADI (-ST-ZII E	named corporation corporation gnature required	d when rainstating)	purpose of of the appoint	changing it	s registered egistered DRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PD SHARPE, JAMES A 39987 EMERALD COAST PAR DESTIN FL 32541 VPD ANGNER, JOSEPH 39987 EMERALD COAST PAR	ent and title if ND DIRE	applicable. (NOTE: F	s, the abohorized bits a Statute registered Age 13. 1.1 TITLE 12 NAME 1.3 STRE 1.4 CITY-2.1 TITLE 22 NAME 2.3 STRE	ove-naby the es. gent sig E IE EET ADI 7-ST-ZII E ME	pared corporation greature required	d when rainstating)	purpose of of the appoint	changing it	s registered egistered DRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PD SHARPE, JAMES A 39987 EMERALD COAST PAR DESTIN FL 32541 VPD ANGNER, JOSEPH 39987 EMERALD COAST PAR DESTIN FL 32541	ent and title if ND DIRE	applicable. (NOTE: F CTORS DELETE	s, the abohorized bida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	ove-naby the ses. gent sign E E E T T T T T T T T T T	pared corporation greature required	d when rainstating)	purpose of of the appoint	changing it the the the the the the the the the th	or registered egistered ORS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI PD SHARPE, JAMES A 39987 EMERALD COAST PAR DESTIN FL 32541 VPD ANGNER, JOSEPH 39987 EMERALD COAST PAR DESTIN FL 32541 TD	ent and title if ND DIRE	applicable. (NOTE: F	s, the abohorized bits a Statute registered Age 13. 1.1 TITLE 12 NAME 1.3 STRE 1.4 CITY-2.1 TITLE 22 NAME 2.3 STRE 2.4 CITY 3.1 TITLE	E EET ADI	pared corporation greature required	d when rainstating)	purpose of of the appoint	changing it	s registered egistered DRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered age OFFICERS AI PD SHARPE, JAMES A 39987 EMERALD COAST PAR DESTIN FL 32541 VPD ANGNER, JOSEPH 39987 EMERALD COAST PAR DESTIN FL 32541 TD CHRISTIE, GERALD	ent and title it ND DIRE	applicable. (NOTE: F CTORS DELETE	s, the abohorized bia Statute 13. 1.1 TITLE 1.2 NAME 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	OVE-not by the ess. Gent significant sign	pared corporation greature required popular po	d when rainstating)	purpose of of the appoint	changing it the the the the the the the the the th	or registered egistered ORS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PD SHARPE, JAMES A 39987 EMERALD COAST PAR DESTIN FL 32541 VPD ANGNER, JOSEPH 39987 EMERALD COAST PAR DESTIN FL 32541 TD CHRISTIE, GERALD 39987 EMERALD COAST PAR	ent and title it ND DIRE	applicable. (NOTE: F CTORS DELETE	s, the abohorized bits statute to the statute to th	DVE-nate by the east. Gent signature of the east. Gent signature of the east. E EET ADI. E EET ADI. E EET ADI. E EET ADI.	prature required DDRESS JP DDRESS ZIP DDRESS	d when rainstating)	purpose of of the appoint	changing it the the the the the the the the the th	or registered egistered ORS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PD SHARPE, JAMES A 39987 EMERALD COAST PAR DESTIN FL 32541 VPD ANGNER, JOSEPH 39987 EMERALD COAST PAR DESTIN FL 32541 TD CHRISTIE, GERALD 39987 EMERALD COAST PAR DESTIN FL 32541	ent and title it ND DIRE	applicable. (NOTE: F CTORS DELETE	s, the abohorized bia Statute 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 3.3 STRE 3.4 CITY	DOVE-na: by the es. gent sig E EEET ADI	prature required DDRESS JP DDRESS ZIP DDRESS	d when rainstating)	purpose of of the appoint	changing it the the the the the the the the the th	or registered egistered ORS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI PD SHARPE, JAMES A 39987 EMERALD COAST PAR DESTIN FL 32541 VPD ANGNER, JOSEPH 39987 EMERALD COAST PAR DESTIN FL 32541 TD CHRISTIE, GERALD 39987 EMERALD COAST PAR DESTIN FL 32541	ent and title it ND DIRE	Applicable. (NOTE: F	s, the abohorized being statute to the statute to t	OVE-naby the ses. Gent signer	prature required DDRESS JP DDRESS ZIP DDRESS	d when rainstating)	purpose of of the appoint	changing it the transfer of th	DRS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI PD SHARPE, JAMES A 39987 EMERALD COAST PAR DESTIN FL 32541 VPD ANGNER, JOSEPH 39987 EMERALD COAST PAR DESTIN FL 32541 TD CHRISTIE, GERALD 39987 EMERALD COAST PAR DESTIN FL 32541 S CARR, SHANNON	intions of, IND DIRE	Applicable. (NOTE: F	s, the abohorized being statute to the statute to t	DOVE-NAME	parmed corporation grature required DDRESS DDRESS ZIP DDRESS	d when rainstating)	purpose of of the appoint	changing it the transfer of th	DRS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PD SHARPE, JAMES A 39987 EMERALD COAST PAR DESTIN FL 32541 VPD ANGNER, JOSEPH 39987 EMERALD COAST PAR DESTIN FL 32541 TD CHRISTIE, GERALD 39987 EMERALD COAST PAR DESTIN FL 32541 S CARR, SHANNON 39987 EMERALD COAST PAR	intions of, IND DIRE	Applicable. (NOTE: F	s, the abohorized being statute. Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.2 NAME 4.3 STRE 4.4 STRE	E EET ADI	partie required DDRESS DDRESS DDRESS DDRESS DDRESS	d when rainstating)	purpose of of the appoint	changing it the transfer of th	DRS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PD SHARPE, JAMES A 39987 EMERALD COAST PAR DESTIN FL 32541 VPD ANGNER, JOSEPH 39987 EMERALD COAST PAR DESTIN FL 32541 TD CHRISTIE, GERALD 39987 EMERALD COAST PAR DESTIN FL 32541 S CARR, SHANNON	intions of, IND DIRE	Applicable. (NOTE: F	s, the abo horized b da Statute registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.1 STRE 4.4 CITY	E EET ADI E E E E E E E E E E E E E E E E E E E	partie required DDRESS DDRESS DDRESS DDRESS DDRESS	d when rainstating)	purpose of of the appoint	changing it the transfer of th	DRS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PD SHARPE, JAMES A 39987 EMERALD COAST PAR DESTIN FL 32541 VPD ANGNER, JOSEPH 39987 EMERALD COAST PAR DESTIN FL 32541 TD CHRISTIE, GERALD 39987 EMERALD COAST PAR DESTIN FL 32541 S CARR, SHANNON 39987 EMERALD COAST PAR	intions of, IND DIRE	Applicable (NOTE: F CTORS DELETE DELETE DELETE	s, the abohorized being statute. Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.2 NAME 4.3 STRE 4.4 STRE	E EET ADIO E ME ET ADIO E M	partie required DDRESS DDRESS DDRESS DDRESS DDRESS	d when rainstating)	purpose of of the appoint	Change	or registered egistered ORS IN 12 ORS IN 12 Addition Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

□ DELETE

Change

Addition

FILED

03-06-1999 90075 006 ****61.25

Mar 06, 1999 8:00 am § Secretary of State