

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90141 024 \*\*\*\*61.25

**DOCUMENT # N96000002777**

1. Entity Name  
**EMERALD LAKES PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>39987 EMERALD COAST PARKWAY          DESTIN FL 32541          US</b>	Mailing Address <b>PO BOX 5708          DESTIN FL 32540          US</b>
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80056176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>10221 Hwy 98 West          Suite, Apt. #, etc.          Suite 23          City &amp; State          Destin, FL</b>	3. Mailing Address <b>10221 Hwy 98 West          Suite, Apt. #, etc.          Suite 23          City &amp; State          Destin, FL</b>
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4. FEI Number <b>59-3381800</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32550</b>	Country <b>US</b>	Zip <b>32550</b>	Country <b>US</b>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HALL, STEVEN K  
 1234 AIRPORT ROAD #106  
 DESTIN FL 32541**

7. Name and Address of New Registered Agent  
 Name **Emerald Coast Association Mgt.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Say Geider**  
**10221 Hwy 98 West, Suite 23**  
 City **Destin** FL Zip Code **32550**

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.  
 SIGNATURE *Say Geider* DATE **4/16/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>SHARPE, JAMES A</b>	
STREET ADDRESS <b>39987 EMERALD COAST PARKWAY</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>ANGNER, JOSEPH</b>	
STREET ADDRESS <b>39987 EMERALD COAST PARKWAY</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>CHRISTIE, GERALD</b>	
STREET ADDRESS <b>39987 EMERALD COAST PARKWAY</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete
NAME <b>CARR, SHANNON</b>	
STREET ADDRESS <b>39987 EMERALD COAST PARKWAY</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Baker, Virginia</b>	
STREET ADDRESS <b>257 Azalea Dr.</b>	
CITY-ST-ZIP <b>Destin, FL 32541</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Godfrey, Dick</b>	
STREET ADDRESS <b>257 Azalea Dr.</b>	
CITY-ST-ZIP <b>Destin, FL 32541</b>	
TITLE <b>STO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Schnoor, Mark</b>	
STREET ADDRESS <b>257 Azalea Dr.</b>	
CITY-ST-ZIP <b>Destin, FL 32541</b>	
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: *Virginia Baker* **5/1/01** **050-0511**

CR2E037 (10/00)