2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002777

FILED Feb 24, 2004 Secretary of State

Entity Name: EMERALD LAKES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:

10221 HWY 98 WEST 10221 EMERALD COAST PKWY WEST

SUITE 23 SUITE 23

DESTIN, FL 32550 US MIRAMAR BEACH, FL 32550 US

Current Mailing Address: New Mailing Address:

10221 HWY 98 WEST 10221 EMERALD COAST PKWY WEST

SUITE 23 SUITE 23

DESTIN, FL 32550 US MIRAMAR BEACH, FL 32550 US

FEI Number: 59-3381800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

10221 HWY 98 WEST, SUITE 23 10221 EMERALD COAST PKWY WEST, S 23

DESTIN, FL 32550 US MIRAMAR BEACH, FL 32550 US

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: 02/24/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 BAKER, VIRGINIA
 Name:
 STOWERS, BO

 Address:
 257 AZALEA DR
 Address:
 271 TEQUESTA DRIVE

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 DESTIN, FL 32541

Title: VPD () Delete Title: VPD (X) Change () Addition Name: GODFREY, DICK Name: MARSHALL, DARRELL

 Address:
 257 AZALEA DR
 Address:
 220 WEKIVA COVE

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 DESTIN, FL 32541

Title: STD () Delete Title: SD (X) Change () Addition Name: REED, GAYLEND Name: TITUS, HARRY

 Name:
 REED, GAYLEND
 Name:
 TITUS, HARRY

 Address:
 257 AZALEA DR
 Address:
 287 TEQUESTA DRIVE

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 DESTIN, FL 32541

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 JOSLIN, ROBERT

 Address:
 Address:
 273 TEQUESTA DRIVE

 City-St-Zip:
 City-St-Zip:
 DESTIN, FL 32541

Title: () Delete Title: DT () Change (X) Addition

 Name:
 Name:
 CAMPBELL, WILLIAM

 Address:
 Address:
 208 WEKIVA COVE

 City-St-Zip:
 City-St-Zip:
 DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BO STOWERS PD 02/24/2004