

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**



**DOCUMENT # N97000007051**  
 1. Entity Name  
 EMERALD BAY WEST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business  
 1439 EMERALD BAY DR.  
 DESTIN, FL 32541

Mailing Address  
 1439 EMERALD BAY DR.  
 DESTIN, FL 32541

**DO NOT WRITE IN THIS SPACE**



04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-3490805 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GEORGE, SHIRLEY Y  
 1439 EMERALD BAY DR.  
 DESTIN, FL 32541

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Shirley Y. George (SHIRLEY Y. GEORGE) DATE: April 13, 2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

000000116743  
 04/16/04-80077-016 61.25

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>GEORGE, SHIRLEY Y<br>1439 EMERALD BAY DR.<br>DESTIN, FL 32541 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVST<br>MARKHAM, ANDREA<br>1273 EMERALD BAY DR<br>DESTIN, FL 32541  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>SEGNOS, RALPH<br>1573 EMERALD BAY DR<br>DESTIN, FL 32541     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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: Shirley Y. George (SHIRLEY Y. GEORGE) 4/13/04 (850) 837-0485  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #