


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90429 019 ****61.25

DOCUMENT # N97000007051

1. Entity Name
EMERALD BAY WEST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
1348 EMERALD BAY DR. DESTIN, FL 32541

Mailing Address
1348 EMERALD BAY DR. DESTIN, FL 32541

50018258



2. Principal Place of Business
114 Palmetto Street
 Suite, Apt. #, etc. **#2**

3. Mailing Address
Post office Box 1895
 Suite, Apt. #, etc.

04282006 Chg-NP CR2E037 (4/06)

City & State
Destin, FL

City & State
Destin, FL

Zip
32541

Country
USA

Zip
32540

Country
USA

4. FEI Number
59-3490805

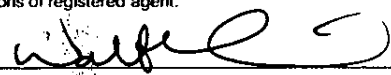
Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
SeaCoast Association Management
114 Palmetto Street #2
Destin, FL 32541
 FL Zip Code

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  **Walt Leirer** **4/28/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary) DATE

Filing Fee is \$61.25
Due By May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MARKHAM, ANDREA 1273 EMERALD BAY DR DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHRISTIE, LINDA 1348 EMERALD BAY DR. DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CHRISTIE, GERALD 1348 EMERALD BAY DR. DESTIN, FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DEAMES, BILLY 1459 EMERALD BAY DRIVE DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Walt Leirer Post office Box 1895 Destin, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Walt Leirer** **4/28/06** **(850)830-7111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #