


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**


04-23-2007 90281 021 \*\*\*\*61.25

<b>DOCUMENT # N97000007051</b> 1. Entity Name <b>EMERALD BAY WEST HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>114 PALMETTO ST SUITE 2 DESTIN, FL 32541</b>	Mailing Address <b>PO BOX 1895 DESTIN, FL 32540</b>
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2. Principal Place of Business - No P.O. Box # <b>12273 U.S. Hwy 98</b> Suite, Apt. #, etc. <b>204A</b>	3. Mailing Address <b>P.O. Box 1895</b> Suite, Apt. #, etc.
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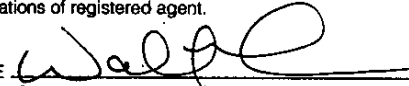
City & State <b>Destin FL</b>	City & State <b>Destin FL</b>	Zip <b>32550</b>	Country <b>Walton</b>
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04202007	Chg-NP	CR2E037 (12/06)
4. FEI Number <b>59-3490805</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

6. Name and Address of Current Registered Agent <b>SEACOAST ASSOCIATION MANAGEMENT 114 PALMETTO ST SUITE 2 DESTIN, FL 32541</b>	7. Name and Address of New Registered Agent Name <b>Seacoast Association Management, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Walt Leirer</b> <b>12273 U.S. Hwy 98 Suite 204A</b> City <b>Destin</b> <b>FL</b> Zip Code <b>32550</b>
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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  DATE **4.20.07**

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</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 Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES CHRISTIE, GERALD 1348 EMERALD BAY DR. DESTIN, FL 32541</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LEIRER, WALT PO BOX 1895 DESTIN, FL 32541</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Billy Deames 1459 Emerald Bay Dr. Destin FL 32541</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Andrea Solhis 1273 Emerald Bay Dr. Destin FL 32541</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Lynda Yeabower 1242 Emerald Bay Dr. Destin FL 32541</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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  DATE **4.20.07**