

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

0019080

DOCUMENT # N96000002253

1. Entity Name

EMERALD ISLE RESORT CONDOMINIUM ASSOCIATION, INC

01-30-2001 90109 001 ****61.25

Principal Place of Business

**22 VIA DE LUNA
PENSACOLA BEACH FL 32561**

Mailing Address

**PO BOX 1225
GULF BREEZE FL 32561**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0747941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAUER, JEFFREY T
510 E. ZARAGOZA
PENSACOLA FL 32501**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
HYER, INA
22 VIN DE LUNA DR. #105
PENSACOLA FL 32503** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
HYER, INA
22 Via de Luna #108
Pensacola Beach, FL 32561** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HYER, INA
22 VIA DELUNA #108
PENSACOLA BEACH FL 32561** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOULTON, ANN
22 VIA DE LUNA
PENSACOLA BEACH FL 32561** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECY
4110 Stringfield Rd
Pensacola, FL 32503** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CARLAN, CHARLES
3420 OAK MONT. DR.
PENSACOLA FL 32503** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BUCHALTRA, DEBORAH
94 CHANTECLAIRE CIRCLE
GULF BREEZE FL 32561** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Buchalter, Deborah** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DICK, BRENDA
621 E. MEHRINGWAY #1101
CINCINNATI OH 45202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

JEFFREY T SAUER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01
Date

850932 1019
Daytime Phone #

CR2E037 (10/00)