2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007302

FILED May 16, 2006 Secretary of State

Entity Name: EMERALD COVE HOMEOWNERS ASSOCIATION OF FLAGLER BEACH INC.

urrent P	rincipal Place of Business:	New Principal Place of Business:
	/AY TERRACE BEACH, FL 32136	
urrent N	lailing Address:	New Mailing Address:
DRIFTW LAGLER	/AY TERRACE BEACH, FL 32136	
n accordar	r: 75-3160160 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation of d Address of Current Registered Agen	lid not receive the prior notice.
IINMAN,	GREGORY L.	
	/AY TERRACE BEACH, FL 32136 US	
LAGLER he above	/AY TERRACE BEACH, FL 32136 US	the purpose of changing its registered office or registered agent, or both,
LAGLER the above the Stat	/AY TERRACE BEACH, FL 32136 US e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
TAGLER The above In the Stat	/AY TERRACE BEACH, FL 32136 US e named entity submits this statement for e of Florida.	
TLAGLER The above The Stat SIGNATU	/AY TERRACE BEACH, FL 32136 US named entity submits this statement for e of Florida. RE:	
TLAGLER The above The Stat	/AY TERRACE BEACH, FL 32136 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Registered	Agent Date
he above the Stat GNATU PFFICER tte: ame: ddress:	/AY TERRACE BEACH, FL 32136 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: DP () Delete HINMAN, GREG 4 DRIFTWAY TERRACE	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GREG HINMAN DP 05/16/2006