

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002253

**Entity Name:** EMERALD ISLE RESORT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**22 VIA DE LUNA  
PENSACOLA BEACH, FL 32561**Current Mailing Address:**22 VIA DE LUNA  
PENSACOLA BEACH, FL 32561**FEI Number:** 65-0747941**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLANKERSHIP, SUZANNE  
139 EAST GOVERNMENT STREET  
PENSACOLA, FL 32502 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	WILSON, SAM
Address	412 N SUNSET DR
City-State-Zip:	GULF BREEZE FL 32561

Title	DIRECTOR
Name	LOVELL, ERIC
Address	6801 SPANISH TRIAL
City-State-Zip:	PENSACOLA FL 32504

Title	VP
Name	SMITH, KEN
Address	915 COLONIAL REA CT
City-State-Zip:	CHARLOTTE NC 28226

Title	DIRECTOR
Name	BASTION, SCOTT
Address	2117 VETERANS BLVD
City-State-Zip:	METAIRIE LA 70002

Title	S
Name	STEVENS, GREG
Address	473 VININGS ESTATES DR
City-State-Zip:	MABLETON GA 30126

Title	TREASURER
Name	GALL, THOMAS
Address	2470 FLAT STONE DR
City-State-Zip:	CUMMING GA 30041

Title	DIRECTOR
Name	HARPER, NAN
Address	22 VIA DELUNA DR. SUITE 901
City-State-Zip:	PENSACOLA BEACH FL 32561

*I hereby 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 all other like empowered.*

**SIGNATURE:** SAM WILSON**PRESIDENT****01/12/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date