

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 759870 (9)**

1. Corporation Name

**EMERALD SURF CONDOMINIUM OWNERS' ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**8245 GULF BLVD.  
NAVARRE BEACH FL 32566**

**8245 GULF BLVD.  
NAVARRE BEACH FL 32566**

3. Date Incorporated or Qualified  
**09/01/1981**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

4. FEI Number  
**59-2947134**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NOTTINGHAM, ALLEN  
151 WYNNEHAVEN RD.  
MARY ESTHER FL 32569**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and block of application)

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LARRIMORE, LAMAR	
STREET ADDRESS	3524 COUNTRY CLUB RD	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICHARDS, JIM	
STREET ADDRESS	5810 HOWELL HIGHLANDS PLACE	
CITY - ST - ZIP	STONE MOUNTAIN GA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BURGER, RICHARD	
STREET ADDRESS	252 KEVIN LANE	
CITY - ST - ZIP	MEDIA PA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TOSATTI, GEORGE	
STREET ADDRESS	141 NORTHBEND DR	
CITY - ST - ZIP	MANCHESTER NH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHNOOVEL, JOHN	
STREET ADDRESS	2317 S. QUEEN ST	
CITY - ST - ZIP	ARLINGTON VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOTTINGHAM, ALLEN	
STREET ADDRESS	151 WYNNEHAVEN RD	
CITY - ST - ZIP	MARY ESTHER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LARRIMORE, LAMAR	
1.3 STREET ADDRESS	3524 COUNTRY CLUB RD	
1.4 CITY - ST - ZIP	BIRMINGHAM, AL 35213	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RICHARDS, JIM	
2.3 STREET ADDRESS	5810 HOWELL HIGHLANDS PLACE	
2.4 CITY - ST - ZIP	STONE MOUNTAIN, GA 30087	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LAGRUA, BROOKS	
4.3 STREET ADDRESS	7416 ROCKY RAVINE DR	
4.4 CITY - ST - ZIP	FAIRFAX STATION, VA 22039	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SCHNOOVEL, JOHN	
5.3 STREET ADDRESS	2317 S. QUEEN ST	
5.4 CITY - ST - ZIP	ARLINGTON, VA 22202	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: ALLEN NOTTINGHAM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-96**

DATE

**904-581-3808**

Daytime Phone #

CR2E037 (12/95)