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FILED

Mar 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 759870 (9)

1. Corporation Name

EMERALD SURF CONDOMINIUM OWNERS' ASSOCIATION, IN  
C.

Principal Place of Business

Mailing Address

8245 GULF BLVD.  
NAVARRE BEACH FL 325668245 GULF BLVD.  
NAVARRE BEACH FL 32566-72023. Date Incorporated or Qualified  
09/01/19813a. Date of Last Report  
05/01/1996

4. FEI Number

59-2947134

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE  
NAME LARRIMORE, LAMAR  
STREET ADDRESS 3524 COUNTRY CLUB RD  
CITY-ST-ZIP BIRMINGHAM AL1.1 TITLE TD ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE PD ☐ DELETE  
NAME RICHARDS, JIM  
STREET ADDRESS 5810 HOWELL HIGHLANDS PLACE  
CITY-ST-ZIP STONE MOUNTAIN GA2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE TD ☐ DELETE  
NAME BURGER, RICHARD  
STREET ADDRESS 252 KEVIN LANE  
CITY-ST-ZIP MEDIA PA3.1 TITLE SD ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME LAGRUA, BROOKS  
STREET ADDRESS 7416 ROCKY RAVINE DR  
CITY-ST-ZIP FAIRFAX STATION VA4.1 TITLE VP ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE VP ☒ DELETE  
NAME SCHNOOVEL, JOHN  
STREET ADDRESS 2317 S QUEEN ST  
CITY-ST-ZIP ARLINGTN VA5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME WARD, LEWIS  
5.3 STREET ADDRESS 103 OCALA DR.  
5.4 CITY-ST-ZIP MONTGOMERY, AL 36117TITLE D ☐ DELETE  
NAME NOTTINGHAM, ALLEN  
STREET ADDRESS 151 WYNNEHAVEN RD  
CITY-ST-ZIP MARY ESTHER FL6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE: ALLEN NOTTINGHAM

904-581-3808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074318

CR2E037 (9/96)