


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90029 027 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759870**

1. Corporation Name

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

Principal Place of Business  
8245 GULF BLVD.  
NAVARRE BEACH FL 32566

Mailing Address  
8245 GULF BLVD.  
NAVARRE BEACH FL 32566



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/01/1981</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2947134</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CENTURY 21 ISLAND VIEW REALTY 8512 NAVARRE PKWY NAVARRE FL 32566		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>8510 Navarre Pkwy.</b> 83 84 City <b>FL</b> 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARRIMORE, LAMAR</b>		1.2 NAME		
STREET ADDRESS	<b>3524 COUNTRY CLUB RD</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>		1.4 CITY-ST-ZIP	<b>35213</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARDS, JIM</b>		2.2 NAME	<b><del>LARRY</del> RUTH RICHARDS</b>	
STREET ADDRESS	<b>5810 HOWELL HIGHLANDS PLACE</b>		2.3 STREET ADDRESS	<b>5810 HOWELL HIGHLANDS PL.</b>	
CITY-ST-ZIP	<b>STONE MOUNTAIN GA</b>		2.4 CITY-ST-ZIP	<b>STONE MOUNTAIN, GA. 30087</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBSTER, BILL</b>		3.2 NAME		
STREET ADDRESS	<b>119 LAUREL DR</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>AUBURN AL 36830</b>		3.4 CITY-ST-ZIP		
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, LLOYD</b>		4.2 NAME		
STREET ADDRESS	<b>130 YORKTOWN RD</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FRANKLIN TN 37064-3236</b>		4.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARD, LEWIS</b>		5.2 NAME		
STREET ADDRESS	<b>103 OCALA DR</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MONTGOMERY AL</b>		5.4 CITY-ST-ZIP	<b>36117</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOTTINGHAM, ALLEN</b>		6.2 NAME		
STREET ADDRESS	<b>151 WYNNEHAVEN RD</b>		6.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MARY ESTHER FL</b>		6.4 CITY-ST-ZIP		

14. 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 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 with all other like empowered.

**SIGNATURE:** C. L. Larrimore **1/28/99** **(205) 257-6920**

CR2E037 (11/98)