

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759870

FILED
May 01, 2006
Secretary of State

Entity Name: EMERALD SURF CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8245 GULF BLVD.
NAVARRE BEACH, FL 32566

New Principal Place of Business:

Current Mailing Address:

1804 PRADO STREET
NAVARRE BEACH, FL 32566

New Mailing Address:

FEI Number: 59-2947134 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SLYE, DOROTHY
1804 PRADO STREET
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BENCHEA, TRAIAN
Address: 1260 W. HICKORY SPRINGS
City-St-Zip: BRENTWOOD, TN 37027

Title: PRES () Delete
Name: RICHARDS, JIM
Address: 5810 HOWELL HIGHLANDS PLACE
City-St-Zip: STONE MOUNTAIN, GA 30087

Title: TRS () Delete
Name: ANDERSON, JOHN
Address: 14708 WILLET WAY
City-St-Zip: TAMPA, FL 33625

Title: SEC () Delete
Name: LARRIMORE, LAMAR
Address: 3524 COUNTRY CLUB RD.
City-St-Zip: BIRMINGHAM, AL 35213

Title: D () Delete
Name: WARD, LEWIS
Address: 103 OCALA DR.
City-St-Zip: MONTGOMERY, AL 36117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ANDERSON, JOHN
Address: 14708 WILLET WAY
City-St-Zip: TAMPA, FL 33625

Title: VP (X) Change () Addition
Name: LARRIMORE, LAMAR
Address: 3524 COUNTRY CLUB ROAD
City-St-Zip: BIRMINGHAM, AL 35213

Title: TRS (X) Change () Addition
Name: DITRAPANI, MARK
Address: 48 MUIR STREET
City-St-Zip: EUREKA, MO 63025

Title: SEC (X) Change () Addition
Name: THOMPSON, TOM
Address: 2432 INDIAN TREE RUN
City-St-Zip: WILDWOOD, MO 63038

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOROTHY SLYE

RA

05/01/2006

Electronic Signature of Signing Officer or Director

Date