

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759870

FILED
Apr 29, 2009
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 ()

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: S () Delete
Name: JACOBS, RANDA
Address: 19 LEXINGTON DR
City-St-Zip: PENNINGTON, NJ 085345169

Title: VP () Delete
Name: DITRAPANI, MARK
Address: 48 MUIR STREET
City-St-Zip: EUREKA, MO 63025

Title: T () Delete
Name: THOMPSON, TOM
Address: 2432 INDIAN TREE RUN
City-St-Zip: WILDWOOD, MO 63038

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

Title: D () Delete
Name: STAGGS, CATHY
Address: 1559 CREEKSIDE DR
City-St-Zip: BIRMINGHAM, AL 35244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: JACOBS, RANDA
Address: 19 LEXINGTON DR
City-St-Zip: PENNINGTON, NJ 085345169

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

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

Title: D (X) Change () Addition
Name: DELCAVO, JOSEPH
Address: 265 SORGHUM RIDGE ROAD
City-St-Zip: CHESHIRE, CT 06410

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

I hereby certify that the information supplied with this filing does not qualify 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

04/29/2009

Electronic Signature of Signing Officer or Director

Date