

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90044 027 \*\*\*\*61.25

**DOCUMENT # 759870**

1. Entity Name

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



Principal Place of Business

**8245 GULF BLVD.  
NAVARRE BEACH FL 32568**

Mailing Address

**8245 GULF BLVD.  
NAVARRE BEACH FL 32568**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2947134**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CENTURY 21 ISLAND VIEW REALTY  
8510 NAVARRE PKWY  
NAVARRE FL 32568**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **TRIGIAN, BENCHEA**  
STREET ADDRESS **1280 W. HICKORY SPRINGS**  
CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE **VPD** ☐ Delete  
NAME **RICHARDS, RUTH**  
STREET ADDRESS **5810 HOWELL HIGHLANDS PLACE**  
CITY-ST-ZIP **STONE MOUNTAIN GA 30087**

TITLE **PD** ☐ Delete  
NAME **KAIN, MIKE**  
STREET ADDRESS **21 PAUL LANE**  
CITY-ST-ZIP **GLEN MILLS PA 19342**

TITLE **D** ☐ Delete  
NAME **ANDERSON, JOHN**  
STREET ADDRESS **14708 WILLET WAY**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Richard's Ruth Pres**  
STREET ADDRESS **5810 Howell Highlands Pl.**  
CITY-ST-ZIP **STONE MT. GA 30087**

TITLE ☐ Change ☒ Addition  
NAME **Lloyd Cooper V.P.**  
STREET ADDRESS **2821 E. PARK AVE.**  
CITY-ST-ZIP **GILBERT AZ 85234**

TITLE ☐ Change ☒ Addition  
NAME **Rebecca Delaney**  
STREET ADDRESS **16446 Highland Summit DR.**  
CITY-ST-ZIP **Wildwood MO 63011**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**16 JAN 03**

Date

**810-939-9825**

Daytime Phone #

CP2E037 (10/02)