2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 761682

Entity Name: EMERALD TOWERS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1044 HIGHWAY 98 EAST
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

1044 HIGHWAY 98 EAST
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-2416004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID, ROGEL-BECKER &
5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI, FL 33126 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:	D	( ) Delete
Name:	WARNER, DARREL	
Address:	9833 WYNCHASE CIR.	
City-St-Zip:	MONTGOMERY, AL 36117	
Title:	P	( ) Delete
Name:	KING, RAY	
Address:	5526 KESTERBROOKE BLVD	
City-St-Zip:	KNOXVILLE, TN	
Title:	TSV	( ) Delete
Name:	WILKERSON, DEAN	
Address:	4093 INDIAN TRAIL	
City-St-Zip:	DESTIN, FL 32541	
Title:	D	( ) Delete
Name:	BRYANT, MARTIN	
Address:	662 HWY 98-E, UNIT 940	
City-St-Zip:	DESTIN, FL 32541	
Title:	D	( ) Delete
Name:	INGRAM, BRAD	
Address:	803 FONDULAC DR	
City-St-Zip:	EAST PEORIA, IL 61611	
Title:	D	( ) Delete
Name:	PEREL, RONALD	
Address:	6393 WYNFREY PLACE	
City-St-Zip:	MEMPHIS, TN 38120	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	KING, RAY	
Address:	901 SHOAL RIVER DRIVE	
City-St-Zip:	CRESTVIEW, FL 32539	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: DEAN WILKERSON TSV 03/19/2009

Electronic Signature of Signing Officer or Director — Date