

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90069 012 \*\*\*\*61.25

**DOCUMENT # 768898**

1. Entity Name

EMERALD HILL OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3722 HIGHWAY 30 A  
SEAGROVE BEACH FL 32459

3722 HIGHWAY 30 A  
SEAGROVE BEACH FL 32459

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2294635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATFORD, LEWIS B  
3722 HWY 30-A  
SEAGROVE BEACH FL 32459

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**  
**Due By May 1, 2007**

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 S ☐ Delete  
NAME LITTLETON, KENNY  
STREET ADDRESS 1047 HARBOR RIDGE  
CITY-STATE-ZIP GUNTERVILLE AL 35976

TITLE VP ☐ Delete  
NAME JOHNSTON, DALE  
STREET ADDRESS 9412 MAGICAL VIEW DR  
CITY-STATE-ZIP CHATTANOOGA TN 37421

TITLE D ☐ Delete  
NAME WATFORD, LEWIS  
STREET ADDRESS 825 CHOWING COURT  
CITY-STATE-ZIP MARIETTA GA 30064

TITLE D ☐ Delete  
NAME DESHON, GERTIE  
STREET ADDRESS 357 N. BEAL PKWY  
CITY-STATE-ZIP FT. WALTON BEACH FL

TITLE D ☒ Delete  
NAME BLISARD, PAUL  
STREET ADDRESS 5202 S. FARM ROAD 205  
CITY-STATE-ZIP ROGERSVILLE MO 65742

TITLE D ☒ Delete  
NAME COKER, ROBERT  
STREET ADDRESS P.O. BOX 1361  
CITY-STATE-ZIP BAINBRIDGE GA 39819

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Treasurer ☒ Change ☐ Addition  
NAME Johnston, Dale  
STREET ADDRESS 9412 Magical View Drive  
CITY-STATE-ZIP Chattanooga, TN 37421

TITLE VP ☐ Change ☒ Addition  
NAME Bruce Guinn  
STREET ADDRESS 3150 Bywater Trail  
CITY-STATE-ZIP Roswell, GA 30075

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-07 4236970808