FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J29261** **(1)**

1. Corporation Name

EMERALD COAST RV & GOLF RESORT, INC.

Principal Place of Business	Mailing Address
RT 1 BOX 2820 SANTA ROSA BEACH FL 32459	RT 1 BOX 2820 SANTA ROSA BEACH FL 32459

2. Principal Place of Business 21 7525 W County Hwy 30-A	2a. Mailing Address 26 7525 W County Hwy 30-A
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Santa Rosa Beach, Florida	City & State 28 Santa Rosa Beach, Florida
Zip / Country 24 32459 / 25 US	Zip / Country 29 32459 / 30 US

3. Date Incorporated or Qualified: **08/19/1986**

3a. Date of Last Report: **04/21/1995**

4. FEI Number: **59-2720563** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HESS, GLENN L.
9108 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	AULD, JAMES		1.2 NAME		
STREET ADDRESS	~~RT 1 BOX 2820~~		1.3 STREET ADDRESS	7525 W County Hwy 30-A	
CITY-ST-ZIP	SANTA ROSA BCH FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	AULD, ROSEMARY		2.2 NAME		
STREET ADDRESS	~~RT 1 BOX 2820~~		2.3 STREET ADDRESS	7525 W County Hwy 30-A	
CITY-ST-ZIP	SANTA ROSA BCH FL		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	MOORE, C. EUGENE		3.2 NAME		
STREET ADDRESS	~~ROUTE 1, BOX 2820~~		3.3 STREET ADDRESS	7525 W County Hwy 30-A	
CITY-ST-ZIP	SANTA ROSA BEACH FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	MOORE, ROSALIND		4.2 NAME		
STREET ADDRESS	~~ROUTE 1, BOX 2820~~		4.3 STREET ADDRESS	7525 W County Hwy 30-A	
CITY-ST-ZIP	SANTA ROSA BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rosemary Auld 4/8/96 904-267-2808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)