



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90052 025 ****61.25

DOCUMENT # N00000001306					
1. Entity Name EMERALD POINTE RESORT OWNERS ASSOCIATION, INC.					
Principal Place of Business 1219 THOMAS DRIVE PANAMA CITY BEACH, FL 32408			Mailing Address 1219 THOMAS DRIVE PANAMA CITY BEACH, FL 32408		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3636757	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARBOUR, RICK 1219 THOMAS DRIVE PANAMA CITY, FL 32408			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P HANS, BECKY <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	1219 THOMAS DRIVE UNIT 104		NAME	P Fred Naus 2530 Edgewater Rd, Cumming, GA 30041	
STREET ADDRESS	PANAMA CITY, FL 32408		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V WILLETT, GOYLE <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	8085 N. EVERTT RD		NAME	V Ronald Berry 2804 Carnes Rd, Jonesboro, GA 30236	
STREET ADDRESS	ROSCOMMON, MI-48653		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S ARNOLD, RON <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	105 FOX FIRE DRIVE		NAME		
STREET ADDRESS	DOTHAN, AL 36301		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D COLEMAN, RON <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	104 BROWN LOOP RD NW		NAME	T Keith Jackson 2275 Montgomery Hwy, Dothan, AL 36303	
STREET ADDRESS	CARTERSVILLE, GA 30121		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T CROBTREE, LINDA <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	1219 THOMAS DRIVE UNIT 170		NAME	D Joe Matcalf 1219 Thomas DR Unit # 294 Panama City Beach, FL 32408	
STREET ADDRESS	PANAMA CITY, FL 32408		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D BUNT, REX B <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	508 COLLINGS WOOD DRIVE		NAME	D Anthony Smith 1219 Thomas DR Unit 74, Panama City Beach, FL 32408	
STREET ADDRESS	DOTHAN, AL 36301		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			2/5/08 850-233-8887		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		