


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90449 011 ****61.25

DOCUMENT # N00000007991 1. Entity Name EMERALD LAKES COMMERCIAL OWNERS ASSOCIATION, INC.			
Principal Place of Business 4507 FURLING UNIT #213 DESTIN, FL 32541		Mailing Address PO BOX 5708 DESTIN, FL 32540	
2. Principal Place of Business 165 Crest Drive Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Destin Florida		City & State _____	
Zip 32550		Country OKA/USA	
4. FEI Number 65-1084782		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHARPE, JAMES A 4507 FURLING LANE STE 213 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name JAMES A SHARPE Street Address (P.O. Box Number is Not Acceptable) 165 CREST DRIVE City DESTIN FL 32550	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	D SHARPE, JAMES A 165 CREST DRIVE DESTIN, FL 32550	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, SHANNON 4465 KINGSLYNN ROAD NICEVILLE, FL 32578	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGNER, JOSEPH J 151 CREST DRIVE DESTIN, FL 32550	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>James A Sharpe</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/30/04 Daytime Phone # 850 650-3977	

14016690



04272004 Chg-NP CR2E037 (10/03)