

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000003987

1. Entity Name
**EMERALD COAST BUSINESS CENTER OWNERS
ASSOCIATION INC.**



Principal Place of Business
**34894 EMERALD COAST PKWY, STE. A
DESTIN, FL 32541**

Mailing Address
**P.O. BOX 6773
DESTIN, FL 32550**

DO NOT WRITE IN THIS SPACE



04072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3724642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCGILL, ROBERT E III
36008 EMERALD COAST PKWY., STE. 301
DESTIN, FL 32541**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KING, JOHN A
STREET ADDRESS	4101 INDIAN BAYOU NORTH
CITY - ST - ZIP	DESTIN, FL 32541

TITLE	D
NAME	WILLIAMS, DAVID A
STREET ADDRESS	4120 INDIAN TRAIL
CITY - ST - ZIP	DESTIN, FL 32541

TITLE	D
NAME	SHORES, TIMM R
STREET ADDRESS	217 CALHOUN AVE.
CITY - ST - ZIP	DESTIN, FL 32541

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000114686
04/15/04-80060-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

John A. King, Managing Member **4/8/04** **(850) 837-6777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #