


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000007568	
1. Entity Name EMERALD OAKS TOWNHOMES HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 909 MAR WALT DR STE 1014 FT WALTON BCH, FL 32547	Mailing Address 909 MAR WALT DR STE 1014 FT WALTON BCH, FL 32547
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DO NOT WRITE IN THIS SPACE



07302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3539524	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 ANCHORS, C. LEDON 909 MAR WALT DR STE 1014 FT WALTON BCH, FL 32547
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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 September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, DENNIS W 715 FOREST ST DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREEN, RUTH 717 FOREST STREET DESTIN, FL 32541
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08/02/05-80004-007 61.25

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: RUTH GREEN - Ruth Green 30 JULY 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #