

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90017 011 ****70.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. P.O. Box 5342		Suite, Apt. #, etc. P.O. Box 5342			
City & State DESTIN, FLORIDA		City & State DESTIN, FLORIDA			
Zip 32540	Country USA	Zip 32540	Country USA		
6. Name and Address of Current Registered Agent ANCHORS, C. LEDON 909 MAR WALT DR STE 1014 FT WALTON BCH, FL 32547			7. Name and Address of New Registered Agent Name <u>Debbie Bruce</u> Street Address (P.O. Box Number is Not Acceptable) <u>5 CALHOUN #205</u> City <u>DESTIN</u> <u>FL</u> Zip Code <u>32541</u>		
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 <u>Debbie Bruce</u> , SECRETARY-TREASURER 3/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P JOHNSON, DENNIS W 715 FOREST ST DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAY Reichelderfer 701 FOREST ST. DESTIN, FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREEN, RUTH 717 FOREST STREET DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEBBIE BRUCE 5 CALHOUN #205 DESTIN, FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREEN, RUTH 717 FOREST STREET DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEBBIE BRUCE 5 CALHOUN #205 DESTIN, FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Debbie Bruce</u> DEBBIE BRUCE			Date <u>4/4/06</u>		Daytime Phone # <u>850-833-5827</u>