


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90102 024 ****70.00

DOCUMENT # N03000001363	
1. Entity Name EMERALD COAST APARTMENT ASSOCIATION OF NORTHWEST FLORIDA, INC.	

Principal Place of Business P O BOX 11937 PENSACOLA, FL 32524-1937	Mailing Address P O BOX 11937 PENSACOLA, FL 32524-1937
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01222004 Chg-NP CR2E037 (10/03)

4. FEI Number 55-0817956		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AARON, MICHELLE M 8917 N DR HWY PENSACOLA, FL 32514		Name Street Address (P.O. Box Number is Not Acceptable) 8917 N. Davis Highway City FL Zip Code	

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 renaming) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWANSON, CAROLEEN M 12 BAYSHORE POINT VALPARAISO, FL 32580 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Swanson, Caroleen M 12 Bayshore Point Valparaiso FL 32580 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRISON, JEAN S 1660 E. HATTON STREET PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Harrison, Jean S 1660 E. Hatton Street Pensacola, FL 32503 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AARON, MICHELLE M 8917 N DAVIS HWY PENSACOLA, FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Aaron, Michelle M 8917 N. Davis Highway Pensacola, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHWOCHERT, ELIANE E 161 BOONE ST #203-A PENSACOLA, FL 32505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Schwochert, Elaine E. 161 Boone Street, #203-A Pensacola, FL 32505 <input checked="" 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	D Thompson, Lynne 3892 N. Davis Highway Pensacola, FL 32503 <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	D Boehme, Arlan 1201 Airport Blvd. Pensacola, FL 32504 <input type="checkbox"/> Change <input checked="" 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 like empowered.

SIGNATURE: Elaine E. Schwochert, Treasurer/Director 4/7/04 850-432-7233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

44029627

Doc # No 3000001363

2004 Not-For-Profit Corporation Annual Report

11. Officers and Directors - Continued

11. Officers and Directors - Continued

Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Butler, Darlyn	
Street Address	6101 College Parkway	
City ST Zip	Pensacola, FL 32504	
Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Cole, Ronnie	
Street Address	4350 W. Fairfield Drive	
City ST Zip	Pensacola, FL 32505	
Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Davis, Tammy	
Street Address	1003 N. 12th Ave.	
City ST Zip	Pensacola, FL 32501	
Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	McLemore, Lisa	
Street Address	1878 E. Nine Mile Road	
City ST Zip	Pensacola, FL 32514	
Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	O'Connell, Megan	
Street Address	3749-D Gulf Breeze Pkwy, #335	
City ST Zip	Gulf Breeze, FL 32563	