




# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90005 047 \*\*\*\*70.00

<b>DOCUMENT # N03000001363</b> 1. Entity Name <b>EMERALD COAST APARTMENT ASSOCIATION OF NORTHWEST FLORIDA, INC.</b>					
Principal Place of Business <b>P O BOX 11937 PENSACOLA, FL 32524-1937</b>			Mailing Address <b>P O BOX 11937 PENSACOLA, FL 32524-1937</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>55-0817955</b>	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KRENDICK, SHELLEY 2355 W. MICHIGAN AVE PENSACOLA, FL 32526</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANSON, CAROLEEN M 940 SANTA ROSA BLVD FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rool, Lee Ann 940 Santa Rosa Blvd Fort Walton Beach, FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNER, ANNA 6115 N. DAVIS HWY PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carroll, Sandy 6115 N. Davis Hwy, #68 Pensacola, FL 32504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AARON, MICHELLE M 1100 PIPPIN DRIVE MARY ESTHER, FL 32569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Aaron, Michelle 7840 Lilac Lane Pensacola, FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHWOCHERT, ELIANE E 161 BOONE STREET, 203-A PENSACOLA, FL 32505	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Schwochert, Elaine E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, RONNIE 4350 W FAIRFIELD DRIVE PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jordan, Patti 1626 Tradewinds Dr. Gulf Breeze, FL 32563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAYNES, RICHARD A 9311 PINE FOREST ROAD STE 127 PENSACOLA, FL 32534	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ferguson, Tiffany 4470 Spanish Trail 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 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.					
<b>SIGNATURE:</b> 		Treasurer		3/14/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
850-432-7233					

ATTACHMENT

40046328

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2006 Not-For-Profit Corporation Annual Report 10. 11. Officers and Directors - Continued

10. Officers and Directors - Continued		11. Additions/Changes to Officers and Directors In 10	
Title Name Street Address City ST Zip	PD Doyle, Willi 1600 Governors Drive Pensacola, FL 32514 <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	SD Krendick, Shelly 2355 W. Michigan Ave. #O-4 Pensacola, FL 32526 <input type="checkbox"/> Delete	Title Name Street Address City ST Zip	VPD Krendick, Shelley 2355 W. Michigan Ave. Pensacola, FL 32526 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City ST Zip	D Foxworth, Jackie 1141 Gulf Breeze Parkway Gulf Breeze, FL 32561 <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	D McLemore, Lisa 3390 Shannon Place Pensacola, FL 32504 <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	D Roy Greene 2205 LaVista Ave Pensacola, FL 32504 <input type="checkbox"/> Delete	Title Name Street Address City ST Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition