

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001363

FILED
Jan 09, 2009
Secretary of State

Entity Name: EMERALD COAST APARTMENT ASSOCIATION OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

P O BOX 11937
PENSACOLA, FL 325241937

New Principal Place of Business:

2355 W. MICHIGAN AVE.
PENSACOLA, FL 32526

Current Mailing Address:

P O BOX 11937
PENSACOLA, FL 325241937

New Mailing Address:

FEI Number: 55-0817955 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KRENDICK, SHELLEY
2355 W. MICHIGAN AVE
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOOLO, LEE ANN
Address: 940 SANTA ROSA BLVD
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: CARROLL, SANDY
Address: 6115 N DAVIS HWY 68
City-St-Zip: PENSACOLA, FL 32504

Title: SD () Delete
Name: AARON, MICHELLE
Address: 7840 LILAC LANE
City-St-Zip: PENSACOLA, FL 32514

Title: TD () Delete
Name: SCHWOCHERT, ELAINE E
Address: 161 BOONE STREET, 203-A
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: JORDAN, PATTI
Address: 1626 TRADEWINDS DR
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: FERGUSON, TIFFANY
Address: 4470 SPANISH TRL
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POOLE, LEE ANN
Address: 940 SANTA ROSA BLVD
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VPD (X) Change () Addition
Name: KRENDICK, SHELLEY
Address: 2355 W. MICHIGAN AVE
City-St-Zip: PENSACOLA, FL 32526

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: TD (X) Change () Addition
Name: FOXWORTH, JACQUELINE
Address: 1141 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32561

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLEY D. KRENDICK

VPD

01/09/2009

Electronic Signature of Signing Officer or Director

Date