

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000617

FILED
Mar 28, 2009
Secretary of State

Entity Name: EMERALD COAST REEF ASSOCIATION INC.

Current Principal Place of Business:

3 QUAIL TRAIL
VALPARAISO, FL 32580 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 273
NICEVILLE, FL 325880273 US

New Mailing Address:

FEI Number: 20-0622053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSBY, KENNETH A
1239 CHANTILLY CIR
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

HANSARD, STONE W
3 QUAIL TRAIL
VALPARAISO, FL 32580 US

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: STONE HANSARD

03/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HANSARD, STONE W
Address: 3 QUAIL TRAIL
City-St-Zip: VALPARAISO, FL 32580 US

Title: VT () Delete
Name: CROSBY, KENNETH A
Address: 1239 CHANTILLY CIR
City-St-Zip: NICEVILLE, FL 32578 US

Title: D () Delete
Name: HANSARD, CANDY L
Address: 3 QUAIL TRAIL
City-St-Zip: VALPARAISO, FL 32580 US

Title: D () Delete
Name: JONES, RICHARD W
Address: 1801 VALPARAISO BLVD
City-St-Zip: NICEVILLE, FL 32578 US

Title: D (X) Delete
Name: MITCHELL, WILLIAM F
Address: 308 STILLWATER COVE
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HANSARD, CANDY
Address: 3 QUAIL TRAIL
City-St-Zip: VALPARAISO, FL 32580 US

Title: T (X) Change () Addition
Name: JONES, RICHARD
Address: 1801 VALPARAISO BLVD
City-St-Zip: NICEVILLE, FL 32578 US

Title: S (X) Change () Addition
Name: GARLAND, JOHN
Address: 108 DANA POINTE
City-St-Zip: NICEVILLE, FL 32578 US

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

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: STONE HANSARD

P

03/28/2009

Electronic Signature of Signing Officer or Director

Date