2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N04000004326

Entity Name
 EMERALD BEACH RESORT CONDOMINIUM I



FILED May 27, 2005 8:00 am Secretary of State

04-28-2005 90172 050 ****70.00

ASSOCIATION, INC.											
2933 WEST SR 434, SUITE 101 293		2933 W	ailing Address 933 WEST SR 434, SUITE 101 ONGWOOD, FL 32779								
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04062005 Ch	g-NP	CR2E03	7 (10/03)		
City & State		City &			4. FEI Number	195874	1	<u> </u>	plied For t Applicable		
Zip	Country	Zip		Country		5. Certificate of Sta	tus Desired		8.75 Add ee Required		
	gent			7. Name and Addi	ess of New Ro	egistered A	gent				
ROYALL, H.J. JR.					Name						
2933 WEST SR 434, SUITE 101 LONGWOOD, FL 32779			Street Address (F			P.O. Box Number is Not Acceptable)					
		City			<u> </u>		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											
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Florida Department of State					
10.	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHANGE	S TO OFFICE	RS AND DIR	ECTORS IN	10	
TITLE	P HANGOCK STEVE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADORESS	HANCOCK, STEVE 14705 FRONT BEACH ROAD		Į.	NAME STREET ADDRESS							
CITY - ST - ZIP	PANAMA CITY, FL 32413			CITY-ST-ZIP	_						
TITLE	V ANCHORS, LARRY		Delete	TITLE					☐ Change	☐ Addition	
NAME Street address	970 GULFSHORE DRIVE			STREET ADDRESS							
CITY-ST-ZIP	DESTIN, FL 32541			CITY-ST-ZIP							
TITLE NAME	ST CONSTRUCTION, JAY R		☐ Delete	TITLE NAME	87	H K T. TY	-		XX Change	Addition	
STREET ADDRESS	14705 FRONT BEACH ROAD			STREET ADDRESS	50	all HJ-JY 35 W-SR4	74 #10	1			
CITY-ST-21P	PANAMA CITY, FL 32413			CITY-ST-ZIP	20	nowit Fz	<u> 3) אין פרול</u>				
TITLE			☐ Delete	TITLE NAME					☐ Change	Addition	
NAME STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP				CITY+ST-ZIP							
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS			•	name Street address							
CITY - ST - ZIP				CITY+ST-ZIP							
TITLE			☐ Delete	ŢĬŤĿE					Change	☐ Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP							
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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:

4-6-05