

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004326

FILED
Apr 28, 2006
Secretary of State

Entity Name: EMERALD BEACH RESORT CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

2933 WEST SR 434, SUITE 101
LONGWOOD, FL 32779

New Principal Place of Business:

17749 ASHLEY DRIVE
BUILDING B
PANAMA CITY BEACH, FL 32413

Current Mailing Address:

2933 WEST SR 434, SUITE 101
LONGWOOD, FL 32779

New Mailing Address:

17749 ASHLEY DRIVE
BUILDING B
PANAMA CITY BEACH, FL 32413

FEI Number: 20-2495074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROYALL, H.J. JR.
2933 WEST SR 434, SUITE 101
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

HANCOCK, STEVE
17749 ASHLEY DRIVE
BUILDING B
PANAMA CITY BEACH, FL 32413 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: STEVE HANCOCK

04/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANCOCK, STEVE
Address: 14705 FRONT BEACH ROAD
City-St-Zip: PANAMA CITY, FL 32413

Title: V () Delete
Name: ANCHORS, LARRY
Address: 970 GULF SHORE DRIVE
City-St-Zip: DESTIN, FL 32541

Title: ST () Delete
Name: ROYALL, H J JR
Address: 2935 W SR 434, #101
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVE HANCOCK

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date