

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N04000004326

1. Entity Name

**EMERALD BEACH RESORT CONDOMINIUM I
ASSOCIATION, INC.**



Principal Place of Business

**14691 FRONT BEACH RD
UNIT 8
PANAMA CITY BEACH, FL 32413**

Mailing Address

**PO BOX 9557
PANAMA CITY BEACH, FL 32417**



04302007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2495074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HANCOCK, STEVE
14705 FRONT BEACH ROAD
PANAMA CITY, FL 32413**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ANCHORS, LARRY
970 GULF SHORE DRIVE
DESTIN, FL 32541**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
ROYALL, H J JR
2935 W SR 434, #101
LONGWOOD, FL 32779**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000752417
05/21/07-80016-009 61.25

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.

SIGNATURE:

STEPHEN W. HANCOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

850-527-4015

Daytime Phone #