

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007129

FILED  
Mar 19, 2008  
Secretary of State

**Entity Name:** EMERALD COAST YACHT CLUB SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

265 LAKE SUMMIT VIEW  
ATLANTA, GA 30342

**New Principal Place of Business:**

**Current Mailing Address:**

265 LAKE SUMMIT VIEW  
ATLANTA, GA 30342

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

COFFIELD SACHS, COLLEEN  
1719 S. COUNTY HIGHWAY 393  
SANTA ROSA BEACH, FL 32459      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:                      DIR.                      ( ) Delete  
Name:                      GREENE, TIM  
Address:                      265 LAKE SUMMIT VIEW  
City-St-Zip:                      ATLANTA, GA 30342

Title:                      DIR.                      ( ) Delete  
Name:                      KLOSER, CHERYL  
Address:                      32 ENGLISH IVY WAY  
City-St-Zip:                      ACKWORTH, GA 30101

Title:                      DIR.                      ( ) Delete  
Name:                      GREENE, WAYNE  
Address:                      265 LAKE SUMMIT VIEW  
City-St-Zip:                      ATLANTA, GA 30342

**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 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: CHERYL KLOSER

DIR

03/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date