2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009797

FILED Jan 06, 2009 Secretary of State

Entity Name: EMERALD DOLPHIN OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

850 FT PICKENS RD

PENSACOLA BEACH, FL 32561

Current Mailing Address: New Mailing Address:

850 FT PICKENS RD 850 FT PICKENS RD

PENSACOLA BEACH, FL 32561 GULF BREEZE, FL 32561

FEI Number: 20-5638972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WATSON, LINDA WATSON, LINDA 850 FT PIĆKENS RD 850 FT PIĆKENS RD

GULF BREEZE, FL 32561 US PENSACOLA BEACH, FL 32561 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: LINDA WATSON 01/06/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition COX, JIM GRAVES, LOWELL Name: Name: 229 SABINE DR Address: 850 FT. PICKENS ROAD Address:

City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: PENSACOLA BEACH, FL 32561

(X) Change () Addition Title: () Delete Title: GRAVES, LOWELL Name: CHARLES, TERRY Name: Address: 850 FT PICKENS RD 1330 Address: 850 FT PICKENS RD 1620

City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: PENSACOLA BEACH, FL 32561

Title: () Delete Title: (X) Change () Addition SCHLUTER, JB COX, JIM Name: Name:

229 SABINE DR Address: 338 DEER PTE DR Address: City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: PENSACOLA BEACH, FL 32561

(X) Change () Addition Title: () Delete Title: Name: TERRY, CHARLES Name: TERRY, CHARLES 850 FT PICKENS RD 1620 850 FT PICKENS RD 1620 Address: Address: City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: PENSACOLA BEACH, FL 32561

Title: () Delete Title: (X) Change () Addition

CHRISTOFF, GREG CHRISTOFF, GREG Name: Name: 800 FT PICKENS RD 1102 800 FT PICKENS RD 1102 Address: Address: City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: PENSACOLA BEACH, FL 32561

Title: () Delete Title: () Change (X) Addition

SCHLUTER, JB Name: Name: Address: Address: 338 DEAR POINTE DR GULF BREEZE,, FL 32561 City-St-Zip: 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: LOWELL GRAVES Ρ 01/06/2009