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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10907** (6)

1. Corporation Name

EMERALD SHORES OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

18504 W FRONT BEACH ROAD
P.O. BOX 7471
LAGUNA BEACH FL 32413-0807

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P.O. BOX 7471
LAGUNA BEACH FL 32413-0807



3. Date Incorporated or Qualified

08/29/1985

4. FEI Number

59-2737073

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year tangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAGNER, E.G.
1501 TROUT LANE
LAGUNA BCH. FL 32413

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE
NAME	HARRIS, SHIRLEY P.	
STREET ADDRESS	1860 VALGREEN LN.	
CITY-ST-ZIP	HOOVER AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACKERBY, TOM	
STREET ADDRESS	300 MARINO RD	
CITY-ST-ZIP	SHELBY AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADBERRY, T.J.	
STREET ADDRESS	1841 ENID DRIVE	
CITY-ST-ZIP	LITHONIA GA	
TITLE	PMD	<input type="checkbox"/> DELETE
NAME	WAGNER, E.G.	
STREET ADDRESS	1501 TROUT LANE	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, DELBERT	
STREET ADDRESS	806 GILES DR	
CITY-ST-ZIP	HUNTSVILLE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSHALL, EVERETT	
STREET ADDRESS	4320 ATLANTA HWY	
CITY-ST-ZIP	MONTGOMERY AL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

3/16/98

CR2E037 (10/97)