

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

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DOCUMENT # N10907

1. Corporation Name

EMERALD SHORES OWNERS' ASSOCIATION, INC.

Principal Place of Business
19504 W FRONT BEACH ROAD
P.O. BOX 7471
LAGUNA BEACH FL 32413-0807

Mailing Address
19504 W FRONT BEACH ROAD
P.O. BOX 7471
LAGUNA BEACH FL 32413-0807



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/29/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2737073

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☒ \$5.00 May Be Added to Fees

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

PANAMA CITY BEACH FL 32408

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
NAME HARRIS, SHIRLEY P.
STREET ADDRESS 1860 VALGREEN LN.
CITY-ST-ZIP HOOVER AL

1.1 TITLE D
1.2 NAME JACKSON V.G.
1.3 STREET ADDRESS 238 RAMAGE CIRCLE
1.4 CITY-ST-ZIP BRUNDAGE AL

TITLE D
NAME BLACKERBY, TOM
STREET ADDRESS 300 MARINO RD
CITY-ST-ZIP SHELBY AL

2.1 TITLE D
2.2 NAME DARLING G.
2.3 STREET ADDRESS ROUTE 3
2.4 CITY-ST-ZIP BONIFAY FL

TITLE D
NAME BRADBERRY, T.J.
STREET ADDRESS 1841 ENID DRIVE
CITY-ST-ZIP LITHONIA GA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PMD
NAME WAGNER, E.G.
STREET ADDRESS 1501 TROUT LANE
CITY-ST-ZIP PANAMA CITY BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME HARRISON, DELBERT
STREET ADDRESS 806 GILES DR
CITY-ST-ZIP HUNTSVILLE AL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME MARSHALL, EVERETT
STREET ADDRESS 4320 ATLANTA HWY
CITY-ST-ZIP MONTGOMERY AL

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

E. G. Wagner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

Date

1-850-235-1045

Daytime Phone #

CR2E037 (11/98)