

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**  
 03-22-2000 90084 050 \*\*\*\*61.25

**DOCUMENT # N10907**

1. Entity 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 32413-0471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2737073**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAGNER, E.G.**  
**1501 TROUT LANE**  
**PANAMA CITY BEACH FL 32408**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 END 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	JACKSON, K.C.	
STREET ADDRESS	230 RAMAGE CIRCLE	
CITY-ST-ZIP	BRUNDAGE AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, EVERETT	
STREET ADDRESS	4320 ATLANTA HWY	
CITY-ST-ZIP	MONTGOMERY AL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARLING GARY	
STREET ADDRESS	ROUTE 3 BOX 1136	
CITY-ST-ZIP	BONIFAY FL 32421	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *E. Wagner* **BRADBERRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Date

850-235-1045

Daytime Phone #

CR2E037 (9/99)