


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90227 021 ****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 32413-0807
---	---



2. Principal Place of Business		3. Mailing Address Judith Waters	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 6449 Ashton Cr.	
City & State		City & State Montg, AL	
Zip	Country	Zip	Country
		36117	USA

1st MOORE CR2E037 (10/04)

4. FEI Number 59-2737073		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BLACK, WILLIAM E 19504 FRONT BEACH RD., UNIT 2007 PANAMA CITY BEACH FL 32413		7. Name and Address of New Registered Agent
		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. I am familiar with, and accept the obligations of registered agent.

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 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARLING, GARY 2802 BONIFAY GRITNEY RD. BONIFAY FL 32425 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BLACKERY, THOMAS 300 MARINA RD. SHELBY AL 35143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAZELL, HARRY 19504 FRONT BEACH RD., UNIT 1005 PANAMA CITY BEACH FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATERS, RONNIE 218 GATEWAY DRIVE DADEVILLE AL 36853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* Secretary - Non Board WATERS, JUDITH M 6449 ASHTON CIR. MONTGOMERY AL 36177 <input type="checkbox"/> Delete Signing Officer	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACK, WILLIAM R 19504 FRONT BEACH RD., 2007 PANAMA CITY BEACH FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Judith M. Waters, Secretary** **2-20-05** **334-279-8340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #