

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90088 029 ****70.00

DOCUMENT # N44060					
1. Entity Name EMERALD COAST HOUSING CORPORATION					
Principal Place of Business 110 PERRY AVE SE FT WALTON BCH, FL 32548 US		Mailing Address 110 PERRY AVE SE FT WALTON BCH, FL 32548 US		<p style="text-align: right; font-size: 24pt;">20015246</p> 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3078731 Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WRIGHT, LAURA B 110 PERRY AVE SE FT. WALTON BEACH, FL 32548				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, BEN			NAME	
STREET ADDRESS	551 MOONEY RD.			STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, LAURA B			NAME	
STREET ADDRESS	110 PERRY AVE.			STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH., FL 32548			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMARBORG, PATT			NAME	<i>Kim Bolling</i>
STREET ADDRESS	1170 MARTIN LUTHER KING BLVD. BLDG. 7 717			STREET ADDRESS	<i>same address</i>
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547			CITY-ST-ZIP	
TITLE	DVC	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, CYNTHIA			NAME	<i>DV</i>
STREET ADDRESS	110 PERRY AVE SE			STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBER, COLE			NAME	
STREET ADDRESS	200 WILLING STREET			STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 32570			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Laura B Wright</i> Date _____ Daytime Phone # _____					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					