


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90047 024 \*\*\*\*70.00

<b>DOCUMENT # N44060</b> 1. Entity Name <b>EMERALD COAST HOUSING CORPORATION</b>					
Principal Place of Business <b>110 PERRY AVE SE</b> <b>FT WALTON BCH, FL 32548 US</b>			Mailing Address <b>110 PERRY AVE SE</b> <b>FT WALTON BCH, FL 32548 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3078731</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>WRIGHT, LAURA B</b> <b>110 PERRY AVE SE</b> <b>FT. WALTON BEACH, FL 32548</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEARCE, BEN <input type="checkbox"/> Delete 551 MOONEY RD. FORT WALTON BEACH, FL 32547				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, LAURA B <input type="checkbox"/> Delete 110 PERRY AVE. FT. WALTON BCH., FL 32548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLLING, KIM <input type="checkbox"/> Delete 1170 MARTIN LUTHER KING BLVD. BLDG. 7 717 FORT WALTON BEACH, FL 32547				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILCOX, CYNTHIA <input type="checkbox"/> Delete 110 PERRY AVE SE FORT WALTON BEACH, FL 32548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBER, COLE <input type="checkbox"/> Delete 200 WILLING STREET MILTON, FL 32570				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP Cole, Robert			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b> <u>Laura B Wright</u> <u>Laura B. Wright</u> <u>1-17-07</u> <u>850-244-2116</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					