

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 8:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N45053 (8)

1. Corporation Name

**EMERALD SHORES HOMEOWNER'S ASSOCIATION OF SOUTH
WALTON, INC.**

Principal Place of Business

Mailing Address

**3801 HIGHWAY 98 EAST
DESTIN FL 32541**

**3801 HIGHWAY 98 EAST
DESTIN FL 32541**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1991

3a. Date of Last Report

04/08/1994

4. FEI Number

59-3136330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 3801 OLD HWY 98

2a. Mailing Address

26 3801 OLD HWY 98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**ODOM, JAY A.
1985 HWY 98 EAST
DESTIN FL 32541**

10. Name and Address of New Registered Agent

01 Name

OFFICE OF SEC/TREASURER

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

FREDERICK BENSON

03

3801 OLD HWY 98

04 City

DESTIN

FL

05

32541

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

FREDERICK B. BENSON, SECRETARY/TREASURER

APRIL 19, 1995

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	ODOM, JAY
STREET ADDRESS	1985 HWY 98 E
CITY - ST - ZIP	DESTIN FL
TITLE	VT
NAME	ABBOTT, STEVE
STREET ADDRESS	35000 EMERALD COAST PKWY
CITY - ST - ZIP	DESTIN FL
TITLE	ST
NAME	COHEN, CLIFF
STREET ADDRESS	1985 HWY 98 EAST
CITY - ST - ZIP	DESTIN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	P. WARREN FLEMING
1.3 STREET ADDRESS	3801 OLD HWY 98
1.4 CITY - ST - ZIP	DESTIN, FL. 32541
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	SAMUEL MCKAREM
2.3 STREET ADDRESS	3801 OLD HWY 98
2.4 CITY - ST - ZIP	DESTIN, FL. 32541
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	FREDERICK BENSON
3.3 STREET ADDRESS	3801 OLD HWY 98
3.4 CITY - ST - ZIP	DESTIN FL. 32541
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	BORIS DATNOW
4.3 STREET ADDRESS	3801 OLD HWY 98
4.4 CITY - ST - ZIP	DESTIN, FL. 32541
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	KENNETH WILLIAMS
5.3 STREET ADDRESS	3801 OLD HWY 98
5.4 CITY - ST - ZIP	DESTIN, FL. 32541
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

FREDERICK B. BENSON

APRIL 19, 1995

(904) 832-7488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER