

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N45053** (8)

1. Corporation Name

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



Principal Place of Business

**3801 OLD HWY 98
DESTIN FL 32541
US**

Mailing Address

**3801 OLD HWY 98
DESTIN FL 32541
US**

3. Date Incorporated or Qualified
09/13/1991

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 394 Emerald Shores Blvd

26 394 Emerald Shores Blvd

4. FEI Number
59-3136330

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

22
City & State

27
City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

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

23 Destin, FL

28 Destin, FL

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24 32541 25 USA

29 32541 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENSON, FREDERICK
3801 OLD HWY 98
DESTIN FL 32541**

81 Name Benson, Frederick
82 Street Address (P.O. Box Number is Not Acceptable)
394 Emerald Shores Boulevard
83
84 City Destin, FL 85 Zip Code 32541

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P FLEMING, C. WARREN
3801 OLD HWY 98
DESTIN FL**

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Fleming, C. Warren**
1.3 STREET ADDRESS **394 Emerald Shores Blvd**
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

**V MCKAREM, SAMUEL
3801 OLD HWY 98
DESTIN FL**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **McKarem, Samuel**
2.3 STREET ADDRESS **394 Emerald Shores Blvd**
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

**ST BENSON, FREDERICK
3801 OLD HWY 98
DESTIN FL**

3.1 TITLE **STD** ☒ Change ☐ Addition

3.2 NAME **Benson, Frederick**
3.3 STREET ADDRESS **394 Emerald Shores Blvd**
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

**D DATNOW, BORIS
3801 OLD HWY 98
DESTIN FL**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Allen, Gary**
4.3 STREET ADDRESS **394 Emerald Shores Blvd**
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

**D WILLIAMS, KENNETH
3801 OLD HWY 98
DESTIN FL**

5.1 TITLE **VD** ☐ Change ☒ Addition

5.2 NAME **Peaden Linda**
5.3 STREET ADDRESS **394 Emerald Shores Blvd**
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 22, 1996

(904) 654-9399
Daytime Phone #

CR2E037 (12/95)