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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45053

1. Corporation Name

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

Principal Place of Business

394 EMERALD SHORES BLVD
 DESTIN FL 32541
 US

Mailing Address

2974 OLD HIGHWAY 98
 DESTIN FL 32541
 US



2. Principal Place of Business 21 2974 OLD HIGHWAY 98 Suite, Apt. #, etc. 22 City & State 23 DESTIN FL Zip 24 32541 Country 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 09/13/1991 4. FEI Number 59-3136330 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

ROGERS, ROBERT W.
2974 OLD HIGHWAY 98
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name **Taylor, Gregory A.**
 82 Street Address (P.O. Box Number is Not Acceptable)
2974 Old Highway 98
 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

Gregory A. Taylor

Gregory A. Taylor

3-13-1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	T. Asst Sec.
NAME	DIXON, JOSEPH	1.2 NAME	
STREET ADDRESS	694 HOLLEY ST	1.3 STREET ADDRESS	Rogers, Louise
CITY-ST-ZIP	MEMPHIS TN	1.4 CITY-ST-ZIP	77 Butler Street
TITLE	D	2.1 TITLE	VPD
NAME	FIELDS, FRED	2.2 NAME	
STREET ADDRESS	5286 N FRONTAGE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS MS	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	LAMBERT, WILLIAM	3.2 NAME	
STREET ADDRESS	2410 SCENIC DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	GADSDEN AL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	PEADEN, LINDA	4.2 NAME	
STREET ADDRESS	8 AQUAMARINE COVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SPERANZA, BERNARD E	5.2 NAME	
STREET ADDRESS	9216 WHITE OAK AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MUNSTER IN	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	5
NAME	FIELDS, MIMI	6.2 NAME	Taylor Gregory A.
STREET ADDRESS	5286 FRONTAGE RD	6.3 STREET ADDRESS	2974 Old Highway 98
CITY-ST-ZIP	COLUMBUS MS	6.4 CITY-ST-ZIP	Destin, FL 32541

14. 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 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, with all other like empowered.

SIGNATURE:

Gregory A. Taylor

DATE

3/20/99

DAYTIME PHONE #

850-837-7488

CR2F037-111991