## **2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N45053** 1. Entity Name EMERALD SHORES HOMEOWNER'S ASSOCIATION OF SOUTH Principal Place of Business Mailing Address 2974 OLD HIGHWAY 98 2974 OLD HIGHWAY 98

## FILED Apr 10, 2000 8:00 am Secretary of State

04-10-2000 90112 008 \*\*\*\*70.00

DESTIN FL 32541 US		DESTIN FL 32541-5287 US								
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2. Principal P	Place of Business	3. Mailing Address	11: 1	100						
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Suite, Apt.	#, etc/	Suite, Apt. #, etc.	0 /			DO NOT WR	ITE IN THIS	SPACE		
Destin Fl.		onestin, A.			4. FEI Number 59-3136330			Applied For Not Applicable		
Zip (PG)	32541 Country	32541	Country		5. Certificate	of Status Desired	X	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered	Agent		
	-+		Name		SAM	<b>e</b> .				
		•	Street Address &			(PD-Dox Number is Not Acceptable)				
GREGORY			5.100****	$\alpha$	156	) d HE	nuty	178		
	HIGHWAY 98				•	``* J				
destin fl	. 32541		City		110/113	<u> </u>		Zip Code	<del>-</del>	
					HNIE		FL	•		
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.										
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(	Those X Marsh	n Secretar	V	Core	ory A	IAVA	· .	3/.7.8/-	2000	
SIGNATURE .	Signature, tyged or printed name of registered agen	<del></del>	egistered Agent signatu			<u>, 111 (</u>	DATE	1000/0	<u>iac</u>	
	Signature, typed or politted name of redistered agen	t and title if applicable. (NOTE: H	jegistereo Agent signatt		where remstating)		DAIL			
	1 0 1				- <b>,</b>					
	FILE NOW:	9. Election Campaign Fi	· · -		🕽 Мау Ве			Payable to	}	
	FEE IS \$61.25	Trust Fund Contribution	on. U	Added	to Fees	} D∈	partment	of State	ľ	
		10507000			COLTIONOVOL	ANGES TO OFFICE	DO AND D	DECTORS IN	10	
10.	OFFICERS AND D		11.		DDITIONS/CH	ANGES TO OFFICE	H2 WIND DI		Addition	
TITLE	TAS	☐ Delete	TITLE NAME					☐ Change	Addition	
NAME STREET ADDRESS	ROGERS, LOUISE 77 BUTLER ST.		STREET ADDRESS							
CITY-ST-ZIP	VALENCIA PA 16059		CITY-ST-ZIP						1	
	D	□ Delete	TITLE					☐ Change	Addition	
TITLE NAME	FIELDS, FRED	L_1 Delete	NAME					□ 0.migo		
STREET ADDRESS	5286 N FRONTAGE RD		STREET ADDRESS						1	
CITY-ST-ZIP	COLUMBUS MS		CITY-ST-ZIP							
TITLE	PD PD	☐ Delete	TITLE				·	☐ Change	☐ Addition	
NAME	LAMBERT, WILLIAM		NAME	٠	ميد			[		
	2410 SCENIC DR	j	STREET ADDRESS							
CITY-ST-ZIP	GADSEN AL		CITY-ST-ZIP						į	
TITLE	D	☐ Delete	TITLE					Change	☐ Addition	
NAME	SPERANZA, BERNARD E		NAME					`	_	
STREET ADDRESS	9216 WHITE OAK AVE		STREET ADDRESS							
CITY-ST-ZIP	MUNSTER IN		CITY-ST-ZIP						1	
TITLE . —	S	☐ Delete	TITLE	_		<del></del>		Change	☐ Addition	
NAME	TAYLOR, GREGORY A		NAME	11	7/ 40	אל נו המ		RP	}	
STREET ADDRESS	2974 OLD HIGHWAY 98		STREET ADDRESS	29	36 07	NO DINGS	، لحصر	70		
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP			lgaH Go	(]			
TITLE		☐ Delete	TITLE				<del></del>	☐ Change	☐ Addition	
NAME			NAME							
STREET ADDRESS			STREET ADDRESS						}	
CITY-ST-Z1P			CITY-ST-ZIP							
indicated	certify that the information supplied wit on this report or supplemental report	is true and accurate and that my	signature shall ha	ave the s	ame legal effec	it as it made under	oath; that I	am an officer	or director (	

changed, or on an attachment with an address, with all other like empowered.