## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 29, 2002 8:00 am **DOCUMENT # N45053 Secretary of State** 02-21-2002 90039 024 \*\*\*\*61.25 EMERALD SHORES HOMEOWNER'S ASSOCIATION OF SOUTH WALTON, INC. Principal Place of Business Mailing Address 2936 OLD HIGHWAY 98 2936 OLD HIGHWAY 98 DESTIN FL 32541 DESTIN FL 32541 US 2. Principal Place of Business 2986 Scenic Grul 3. Mailing Address 2936 Sceni Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Dectin ナト かれ て 59-3136330 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAMBERT, WILLIAM C 19 JADE CODE DESTIN FL 32550 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ST TIFLE Delete (9/03) TITLE Change NAME ROGERS, LOUISE treddie fields 5286 N. Frontage Road NAME STREET ADDRESS 77 BUTLER ST. STREET ADDRESS CITY-ST-ZIP VALENCIA PA 16059 CITY-ST-ZIP Columbia Ms 39701 TITLE **VP** ☐ Delete TITLE ☐ Addition Change DA+now NAME FIELDS, FRED NAME 2021 Brae, TRAIL STREET ADDRESS 5286 N FRONTAGE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS MS ~ Birminaham TITLE TITLE Delete ☐/Addition NAME LAMBERT. WILLIAM NAME. Gera-Id=Nickien-STREET ADDRESS 22 Black Coral Cove 2410 SCENIC DR STREET ADDRESS CITY-ST-ZIP CiTY-ST-7(P GADSDEN AL 35904 TITLE ☐ Delete TITLE Change Change ☐ Addition NAME DARMON, BORIS NAME W: Iliam Lamber t STREET ADDRESS 2410 Scenic Drive 2021 BREA TRAIL STREET ADDRESS CITY-ST-ZIP BIRMINGHAM AL 35242 CITY-ST-ZIP <u>Gads den</u> TITLE Delete TITLE Addition NAME NAME Jim Repult STREET ADDRESS STREET ADDRESS 1413 Jouner St CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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.

FILED