

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45053

FILED
Jan 07, 2008
Secretary of State

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

Current Principal Place of Business:

2936 SCENIC GULF DR
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

2936 SCENIC GULF DR
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-3136330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBERT, WILLIAM C JR
19 JADE COVE
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAMBERT, WILLIAM C JR
Address: 2410 SCENIC DRIVE
City-St-Zip: GADSDEN, AL 35904 US

Title: VPD () Delete
Name: NICKLEN, GERALD
Address: 22 BLACK CORAL COVE
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: STD () Delete
Name: WILLIAMS, ALBERT
Address: 108 ELMSFORT COURT
City-St-Zip: BRENTWOOD, TN 37027 US

Title: D () Delete
Name: CAPORUSSO, DANIEL
Address: 1067 TERRACE COURT
City-St-Zip: LAKE GENEVA, WI 53147 US

Title: D () Delete
Name: ELDER, SHELLEY
Address: 1558 RIDENOUR PARKWAY
City-St-Zip: KENNESAW, GA 30152 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RESENER, GUY
Address: 1407 ALSHIRE COURT COUTH
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: D (X) Change () Addition
Name: MCCABE, RON
Address: 4415 HARRISON ST.
City-St-Zip: KANSAS CITY, MO 64110 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. LAMBERT

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

Date