

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90112 049 ****61.25

DOCUMENT # N45053

1. Entity Name

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



Principal Place of Business

**2936 SCENIC GULF DR
DESTIN FL 32550
US**

Mailing Address

**2936 SCENIC GULF DR
DESTIN FL 32550
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3136330**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIELDS, FREDDIE
25 TOPAZ COVE
DESTIN FL 32550**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PO** ☐ Delete
NAME **FIELDS, FREDDIE**
STREET ADDRESS **5289 N FRONTAGE ROAD**
CITY-ST-ZIP **COLUMBUS MS 39701**

TITLE **President/Director** ☒ Change ☐ Addition
NAME **Fredie Fields**
STREET ADDRESS **(See Below)**
CITY-ST-ZIP **(See Below)**

TITLE **VP** ☐ Delete
NAME **DARNOW, BORIS**
STREET ADDRESS **2021 BRAE TRAIL**
CITY-ST-ZIP **BIRMINGHAM AL 35242**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **(See Below)**
STREET ADDRESS **(See Below)**
CITY-ST-ZIP **(See Below)**

TITLE **D** ☐ Delete
NAME **LAMBERT, WILLIAM**
STREET ADDRESS **2410 SCENIC DR**
CITY-ST-ZIP **GADSDEN AL 35904**

TITLE **VP/DIRECTOR** ☒ Change ☐ Addition
NAME **(See Below)**
STREET ADDRESS **(See Below)**
CITY-ST-ZIP **(See Below)**

TITLE **D** ☐ Delete
NAME **DARMON, BORIS**
STREET ADDRESS **2021 BREA TRAIL**
CITY-ST-ZIP **BIRMINGHAM AL 35242**

TITLE **Director** ☒ Change ☐ Addition
NAME **(See Below)**
STREET ADDRESS **(See Below)**
CITY-ST-ZIP **(See Below)**

TITLE **ST** ☐ Delete
NAME **NICKLEN, GERALD**
STREET ADDRESS **22 BLACK CORAL COVE**
CITY-ST-ZIP **DESTIN FL 32550**

TITLE ☐ Change ☐ Addition
NAME **(See Below)**
STREET ADDRESS **(See Below)**
CITY-ST-ZIP **(See Below)**

TITLE **D** ☐ Delete
NAME **REPAULT, JIM**
STREET ADDRESS **1413 JOYNER STREET**
CITY-ST-ZIP **TUPELO MS 38804**

TITLE ☐ Change ☐ Addition
NAME **(See Below)**
STREET ADDRESS **(See Below)**
CITY-ST-ZIP **(See Below)**

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.

SIGNATURE:

SIGNATURE OF FREDDIE FIELDS

CR2E037 (10/02)