FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # N45399 (5)

1a Corporation Name

EMERALD BAY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 SEASCAPE DRIVE DESTIN FL 32541	100 SEASCAPE DRIVE DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1991
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3095922 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LOGSDON, DIANE E.
100 SEASCAPE DRIVE
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when not attached

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D	☐ Change ☐ Addition
NAME	OSBORN, MARK E.	12 NAME	200001439292	
STREET ADDRESS	40001 EMERALD COAST PARKWAY	13 STREET ADDRESS	-03/24/95--01074--007	
CITY-ST-ZIP	DESTIN FL	14 CITY ST ZIP	****130.00 ****130.00 32541	
TITLE	ST	21 TITLE	D	☑ Change ☐ Addition
NAME	FLEISHER, DAVID E.	22 NAME		
STREET ADDRESS	40001 EMERALD COAST PARKWAY	23 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL	24 CITY ST ZIP	32541	
TITLE	D	31 TITLE	D	☑ Change ☐ Addition
NAME	STEPHENSON, JACK P. JR.	32 NAME		
STREET ADDRESS	40001 EMERALD COAST PKWY	33 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL	34 CITY ST ZIP	32541	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	TAW 3/24/95	
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X David E Fleisher 3/7/95 904-837-9181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
David E. Fleisher