


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # N45399 1. Entity Name EMERALD BAY HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 100 SEASCAPE DRIVE DESTIN, FL 32541	Mailing Address 100 SEASCAPE DRIVE DESTIN, FL 32541
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DO NOT WRITE IN THIS SPACE

02132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3095922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOGSDON, DIANE E.
100 SEASCAPE DRIVE
DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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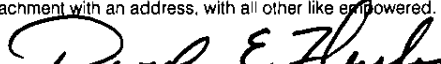
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSBORN, MARK E. 40001 EMERALD COAST PARKWAY DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLEISHER, DAVID E. 40001 EMERALD COAST PARKWAY DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORN, BUSTER 40001 EMERALD COAST PKWY DESTIN, FL 32541
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04/22/08-80082-008-61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **3/28/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #