

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90089 009 \*\*\*\*61.25

**DOCUMENT # N48506**

1. Entity Name  
**EMERALD COAST HOUSING II INC.**



Principal Place of Business  
**110 PERRY AVENUE  
FT. WALTON BCH., FL 32548 US**

Mailing Address  
**110 PERRY AVENUE  
FT. WALTON BCH., FL 32548 US**

**50005408**



01052005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3316619**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WRIGHT, LAURA B  
110 PERRY AVENUE  
FT. WALTON BCH., FL 32548**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PEARCE, BEN  
STREET ADDRESS 551 MOONEY ROAD  
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE EDS  
NAME WRIGHT, LAURA B.  
STREET ADDRESS 110 PERRY AVE.  
CITY-ST-ZIP FT WALTON BEACH, FL 32549

TITLE ~~DVR D~~  
NAME SUNNARBORG, PATTY  
STREET ADDRESS 1170 MARTIN LUTHER KING JR. BLVD. BLDG. 7  
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE D YC  
NAME WILCOX, CINTHIA  
STREET ADDRESS 110 PERRY AVE SE  
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE D  
NAME ROBERT COLE  
STREET ADDRESS 200 WILLING ST  
CITY-ST-ZIP MILTON, FL 32570

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*Laura B Wright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 14 2005* (850) 244-2116  
Date Daytime Phone #