

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

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**



01112007 No Chg-NP

CR2E037 (4/06)

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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, 2007**

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	DS
NAME	WRIGHT, LAURA B.
STREET ADDRESS	110 PERRY AVE.
CITY-ST-ZIP	FT WALTON BEACH, FL 32549
TITLE	D
NAME	BOLLING, KIM
STREET ADDRESS	1170 MARTIN LUTHER KING JR. BLVD. BLDG.7
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	DV
NAME	WILCOX, CINTHIA
STREET ADDRESS	110 PERRY AVE SE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	D
NAME	COLE, ROBERT
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 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:

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

Laura B. Wright

1-17-07
Date

850.244.2116
Daytime Phone