

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90009 011 ****61.25

DOCUMENT # N93000002349

1. Entity Name
EMERALD COAST SINGLETONS, INC.



Principal Place of Business
P.O. BOX 4564
FT. WALTON BEACH, FL 32549-4564

Mailing Address
P.O. BOX 4564
FT. WALTON BEACH, FL 32549-4564

54054531



2. Principal Place of Business
412 Rhonda Kay Ct.

3. Mailing Address
412 Rhonda Kay Ct.

Suite, Apt. #, etc.
Ft. Walton Beach, FL

Suite, Apt. #, etc.
Ft. Walton Beach, FL

City & State

City & State

03052003 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3168084

Applied For
Not Applicable

Zip
32547

Country

Zip
32547

Country

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

HOLZSCHUH, JUDY A
412 RHONDA KAY CT.
FORT WALTON BEACH, FL 32547

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

Judy Holzschuh

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

(NOTE: Registered Agent signature required when reinstating)

5/11/04

DATE

Filing Fee is \$61.25
Due by September 8, 2004

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLZSCHUH, JUDY 412 RHONDA KAY COURT FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, GARL 7919 WESLEY CIRCLE MOLINO, FL 32577	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNHAM, MARY 911 BARTOW PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANER, ANN 83 CATAMARAN SHALIMAR, FL 32579	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARBORO, JOHN 9740 PALAFOX HWY. PENSACOLA, FL 32534	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLZSCHUH, JUDY 412 RHONDA KAY CT FT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Krieger, Jim 500 Channel Marker #2 Mary Esther, FL 32569	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ann Shaner 83 Catamaran Shalimar, FL 32579	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Holzschuh, Judy 412 Rhonda Kay Court Ft. Walton Beach, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Holzschuh, Judy 412 Rhonda Kay Ct. Ft. Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lockhart, Noma 510 Gulfshore Dr. #611 Destin, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shamburger, Judy 510 Mayflower Ct. Ft. Walton Beach, FL 32579	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Judy Holzschuh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/04
Date

850-729-5392
Daytime Phone #