

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000344

FILED  
Apr 15, 2005  
Secretary of State

**Entity Name:** EMERALD HEIGHTS OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

112 TRISTA TERRACE CT  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

112 TRISTA TERRACE CT  
DESTIN, FL 32541 US

**New Mailing Address:**

**FEI Number:** 59-3700712

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HIGLEY, BEVERLY  
112 TRISTA TERRACE CT  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HIGLEY, BEVERLY  
Address: 112 TRISTA TERRACE CT  
City-St-Zip: DESTIN, FL 32541 US

Title: DS ( ) Delete  
Name: HARDIN, JAMES  
Address: 103 TRISTA TERRACE CT  
City-St-Zip: DESTIN, FL 32541 US

Title: DT ( ) Delete  
Name: PARSONS, PATRICIA  
Address: 117 TRISTA TERRACE CT  
City-St-Zip: DESTIN, FL 32541 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: DECORTE, MAGGIE J  
Address: 106 TRISTA TERRACE CT  
City-St-Zip: DESTIN, FL 32541 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA D. PARSONS

DT

04/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date