

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000344

FILED  
Mar 04, 2006  
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:**

117 TRISTA TERRACE CT  
DESTIN, FL 32541 US

**Current Mailing Address:**

112 TRISTA TERRACE CT  
DESTIN, FL 32541 US

**New Mailing Address:**

117 TRISTA TERRACE CT  
DESTIN, FL 32541 US

**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:**

PARSONS, PATRICIA D  
117 TRISTA TERRACE CT  
DESTIN, FL 32541 US

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: PATRICIA D. PARSONS

03/04/2006

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: DECORTE, MAGGIE J  
Address: 106 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: DP (X) Change ( ) Addition  
Name: SALAZ, CARLOS P  
Address: 109 TRISTA TERRACE CT  
City-St-Zip: DESTIN, FL 32541 US

Title: DV (X) Change ( ) Addition  
Name: RUSSELL, DENNIS D  
Address: 98 TRISTA TERRACE CT  
City-St-Zip: DESTIN, FL 32541 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

03/04/2006

Electronic Signature of Signing Officer or Director

Date