

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004173

FILED  
Apr 25, 2005  
Secretary of State

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

**Current Principal Place of Business:**

2934 HIGHWAY 98  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

2934 HIGHWAY 98  
DESTIN, FL 32541 US

**New Mailing Address:**

**FEI Number:** 59-3342173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETERSON, DALE E  
321 HIGHWAY 98 EAST  
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: D ( ) Delete  
Name: PETERSON, DALE E  
Address: 321 HWY 98 E  
City-St-Zip: DESTIN, FL 32541

Title: PD ( ) Delete  
Name: ACKLEY, BOB  
Address: 7 NORTH SUNSET  
City-St-Zip: GULF BREEZE, FL 32561

Title: VPD ( ) Delete  
Name: BAKER, DARELL  
Address: 14 GRAYAN COURT  
City-St-Zip: LITTLE ROCK, AR 72223

Title: D ( ) Delete  
Name: AVOLIO, BETH  
Address: 21955 STANFORD CIRCLE  
City-St-Zip: ELKHORN, NE 68022

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

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

Title: SDTD (X) Change ( ) Addition  
Name: ACKLEY, BOB  
Address: 7 NORTH SUNSET  
City-St-Zip: GULF BREEZE, FL 32561

Title: VPD (X) Change ( ) Addition  
Name: CONLEY, DICK  
Address: 221 POPLAR LAKE ROAD  
City-St-Zip: MAKANDA, IL 62958

Title: PD (X) Change ( ) Addition  
Name: AVOLIO, BETH  
Address: 21955 STANFORD CIRCLE  
City-St-Zip: ELKHORN, NE 68022

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: BETH AVOLIO

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date