2007 NOT-FOR-PROFIT CORPORATION "ANNUAL REPORT (AR)

May 09, 2007 8:00 am Secretary of State DOCUMENT # N95000004173 1. Entity Name 05-09-2007 90109 011 ****61.25 EMERALD DUNES OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 2934 SCENIC HIGHWAY 98 2934 SCENIC HIGHWAY 98 DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3342173 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETERSON, DALE E Street Address (P.O. Box Number is Not Acceptable) 321 HARBOR BLVD. DESTIN FL 32541 City 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 Signature, typed or printed name of registered agent and title if applicable, DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. THE D ☐ Delete HILE. ☐ Addition NAME PETERSON, DALE E NAME STREET ADDRESS 321 HARBOR BLVD. STREET ADDRESS CHY-ST-ZIP DESTIN FL 32541 CITY-S1-ZIP TITLE ☐ Defete THEF ☐ Addition COOK, HARRY NAM STREET ADDRESS 4910 DODSON DRIVE STREET ADDRESS CUTY - S1 - 7IP ANNANDALE VA 22003 CITY-ST-ZIP TITLE ☐ Delete Change Change ■ Addition NAME CONLEY, DICK STREET ADDRESS STREET ADDRESS 221 POPLAR LAKE ROAD CITY-ST-ZIP MAKANDA IL 62958 CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME AVOLIO, BETH NAME STREET ADDRESS STREET ADDRESS 21955 STANFORD CIRCLE CITY-SJ-ZIP CITY-ST-ZIP ELKHORN NE 68022 ☐ Delele TITLE TD TITLE ☐ Change ■ Addition NAME BROOKS, JEAN NAME STREET ADDRESS 4629 PARADISE ISLE STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-S1-ZIP UTLL TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP

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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 Statutos; 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:

SIGNATURE:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information