

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004173

FILED  
Jan 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2934 SCENIC HIGHWAY 98  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

2934 SCENIC 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 HARBOR BLVD.  
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 HARBOR BLVD.  
City-St-Zip: DESTIN, FL 32541

Title: STD ( ) Delete  
Name: COOK, HARRY  
Address: 4910 DODSON DRIVE  
City-St-Zip: ANNANDALE, VA 22003

Title: PD ( ) Delete  
Name: CONLEY, DICK  
Address: 221 POPLAR LAKE ROAD  
City-St-Zip: MAKANDA, IL 62958

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

Title: TD ( ) Delete  
Name: BROOKS, JEAN  
Address: 4629 PARADISE ISLE  
City-St-Zip: DESTIN, FL 32541

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

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: SEROT, STEVE  
Address: 1831 CAMBERLY ROAD  
City-St-Zip: ST. LOUIS, MO 63131

I hereby certify that the information supplied with this filing does not qualify 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: DEBORAH L. MCNEY

CAM

01/06/2009

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

\_\_\_\_\_  
Date