

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 01 1998 8:00am
Secretary of State

DOCUMENT # N96000002253 (0)
Corporation Name

EMERALD ISLE RESORT CONDOMINIUM ASSOCIATION, INC



Principal Place of Business: 816 SOUTH BAYLEN STREET #200 PENSACOLA FL 32501
Mailing Address: 316 SOUTH BAYLEN STREET #280 PENSACOLA FL 32501

Date Incorporated or Qualified: 04/22/1996
FEI Number: 64-0747941
~~APPLIED FOR~~ Applied For: Not Applicable

21 Principal Place of Business: 22 Via De Luna
22 Suite, Apt. #, etc.
23 City & State: Pensacola Beach FL
24 Zip: 32561 25 Country: Escambia
26 Mailing Address: P.O. Box 1225
27 Suite, Apt. #, etc.
28 City & State: Gulf Breeze, FL
29 Zip: 32561 30 Country: Santa Rosa

Certificate of Status Desired: \$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
Is this nonprofit corporation a homeowners association? Yes No
This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9 Name and Address of Current Registered Agent: MOORHEAD, STEPHEN R, 4300 BAYOU BOULEVARD, SUITES 12 & 13, PENSACOLA FL 32503
Name and Address of New Registered Agent: 81 Name: Jeffrey T. Sauer, 82 Street Address: 510 E. Zaragoza, 83, 84 City: Pensacola, FL, 85 Zip Code: 32501

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: June 24, 1998

OFFICERS AND DIRECTORS			
TITLE	PTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	LEVIN, ALLEN R		1.2 NAME
STREET ADDRESS	316 SOUTH BAYLEN STREET #280		1.3 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA FL 32501		1.4 CITY-ST-ZIP
TITLE	VSD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	RINKE, ROBERT		2.2 NAME
STREET ADDRESS	400 QUIETWATER BEACH ROAD #10		2.3 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA FL 32561		2.4 CITY-ST-ZIP
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	COOK, KAREN		3.2 NAME
STREET ADDRESS	400 QUIETWATER BEACH ROAD #10		3.3 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA FL 32561		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (10/97)

J.P. M.O.I