


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # N96000002253	
1. Entity Name EMERALD ISLE RESORT CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 22 VIA DE LUNA PENSACOLA BEACH, FL 32561	Mailing Address 127 PALAFOX PLACE STE 200 PENSACOLA, FL 32502
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01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0747941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAUER, JEFFREY T
510 E. ZARAGOZA
PENSACOLA, FL 32501

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICCARI, MICHELE 3046 SUTTON WOODS DR. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFREY, DARYL 4723 SOUNDSIDE DRIVE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARETTA, AL 3508 TIBET DR. GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REID, BETTY 3940 PIEDMONT PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUARREZ, DAVID 2905 RUSSELL ROAD ALEXANDRIA, VA 22305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, MARGARET 14355 EAST THOROUGHbred TRAIL SCOTTSDALE, AZ 85259

U00000720531
05/01/07-80106-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #