

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90029 017 ****61.25

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1. Entity Name
EMERALD ISLE RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**127 PALAFOX PLACE
STE 200
PENSACOLA, FL 32502**

Mailing Address
**127 PALAFOX PLACE
STE 200
PENSACOLA, FL 32502**

40018760



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0747941

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANKERSHIP, SUZANNE
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **PICCARI, MICHELE**
STREET ADDRESS **3046 SUTTON WOODS DR.**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **D** ☒ Delete
NAME **ALFREY, DARYL**
STREET ADDRESS **4723 SOUNDSIDE DRIVE**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **D** ☐ Delete
NAME **MARETTA, AL**
STREET ADDRESS **3508 TIBET DR.**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **OS** ☐ Delete
NAME **REID, BETTY**
STREET ADDRESS **3940 PIEDMONT**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **VP** ☐ Delete
NAME **SUARREZ, DAVID**
STREET ADDRESS **2905 RUSSELL ROAD**
CITY-ST-ZIP **ALEXANDRIA, VA 22305**

TITLE **D** ☐ Delete
NAME **RYAN, MARGARET**
STREET ADDRESS **14355 EAST THOROUGHbred TRAIL**
CITY-ST-ZIP **SCOTTSDALE, AZ 85259**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
NAME **Deborah Graves**
STREET ADDRESS **336 Albany Rd**
CITY-ST-ZIP **Lexington, KY 40503**

TITLE **Director** ☐ Change ☒ Addition
NAME **Jeff Harris**
STREET ADDRESS **22 Via De Luna Dr. #1204**
CITY-ST-ZIP **Pensacola Beach, FL 32561**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition
NAME **Ryan, Margaret**
STREET ADDRESS **14355 East Thoroughbred Trail**
CITY-ST-ZIP **Scottsdale, AZ 85259**

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 #

Betty H. Reid

Jan. 23 08