2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002598

FILED Apr 10, 2007 Secretary of State

Entity Name: GREATER DRIFTWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:				
	RALD COAS	ST PKWY W						
STE 23 MIRAMAR	BEACH, FL 3	32550 US						
Current Mailing Address:				New Maili	New Mailing Address:			
10221 EME	RALD COAS	T PARKWAY WE	ST					
SUITE 23 MIRAMAR	BEACH, FL 3	32550						
FEI Number:	59-3390926	FEI Number Appli	ed For () FEI Nu	umber Not Appl	licable ()	Certificate of Status	Desired ()	
Name and	Address of (Current Registere	ed Agent:	Name and	Address o	of New Registered A	gent:	
EMERALD	COAST ASS	OCIATION MANA	GEMENT, INC.			_	-	
	RALD COAS		,					
	BEACH, FL	32550 US						
	named entity of Florida.	submits this stater	ment for the purpose	of changing i	ts registere	d office or registered	agent, or both,	
SIGNATUR	RE:							
	Electro	nic Signature of Re	egistered Agent			Date	_	
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	EBERHART, JI 1144 DRIFTW) Delete ESS OOD POINT RD. BEACH, FL 32459		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	HOPSON, JIM 1001 DRIFTW) Delete OOD POINT RD. BEACH, FL 32459		Title: Name: Address: City-St-Zip:		(X) Change () Addition IM WOOD POINT RD. A BEACH, FL 32459		
Title: Name: Address: City-St-Zip:	LAUNCH, CINE 130 W. SHIPW			Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	TALBURT, GRI 92 W. SHIPWE			Title: Name: Address: City-St-Zip:		(X) Change () Addition ALAN VOOD POINT ROAD SA BEACH, FL 32459		
Title: Name: Address: City-St-Zip:	MCBRIDE, SE 224 W. SHIPW			Title: Name: Address: City-St-Zip:		(X) Change () Addition MARIE VOOD POINT ROAD SA BEACH, FL 32459		
Fitle: Name: Address: City-St-Zip:	WITBECK, NO P.O. BOX 2309			Title: Name: Address: City-St-Zip:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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: JESS EBERHART PD 04/10/2007