


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90015 016 ****61.25

DOCUMENT # N98000000621 1. Entity Name EMERALD WATERS VILLAGE OWNER'S ASSOCIATION, INC.					
Principal Place of Business 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US			Mailing Address 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US		
2. Principal Place of Business - No P.O. Box # 29C MIRACLE STRIP		3. Mailing Address PO BOX 2613 Suite, Apt. #, etc. PKWY			
City & State FT. WALTON BEACH, FL		City & State FT. WALTON BEACH FL		4. FEI Number 59-3516013	
Zip 32548		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORMLEY, TERRY P 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550			7. Name and Address of New Registered Agent Name RDF ASSOCIATES INC Street Address (P.O. Box Number is Not Acceptable) 29C MIRACLE STRIP PARKWAY City FT. WALTON BEACH FL Zip Code 32548		
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 KAREN L. GERCAK ASSOC. MGR DATE 02/04/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBINSON, MARGIE <input checked="" type="checkbox"/> Delete 20 ST FRANCIS DR SOUTH MIRAMAR BEACH, FL 32550		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRAD MUENCH 252 ST FRANCIS DRIVE N. MIRAMAR BEACH, FL 32550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Delete MUENCH, PATTI 258 ST FRANCIS DR N MIRAMAR BEACH, FL 32550		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STACY FRESSELL 196 ST. FRANCIS DRIVE N. MIRAMAR BEACH, FL 32550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete BOREN, CRAIG 17124 LAFAYETTE TRAILS CT WILDWOOD, MO 63038		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Change <input type="checkbox"/> Addition MATTHEW FRESSELL 196 ST. FRANCIS DRIVE N. MIRAMAR BEACH, FL 32550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Delete BOGGESS, BOB 12716 SEARCY RD KEARNEY, MO 64060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DERIN JONES 95 ST. FRANCIS DRIVE N MIRAMAR BEACH, FL 32550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete TURPIN, JAN 4510 GLENPOINTE WAY SE SMYRNA, GA 30080		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)	
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 Karen L. GercaK assoc. mgr 02/04/08 850-443-2109 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> KAREN L. GERCAK					