

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005015

FILED  
Feb 25, 2007  
Secretary of State

**Entity Name:** EMERALD WATERS PLACE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

169 ELDRIDGE ROAD  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

169 ELDREDGE ROAD  
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

169 ELDRIDGE ROAD  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

169 ELDREDGE ROAD  
FORT WALTON BEACH, FL 32547

**FEI Number:** 59-3516013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NGUYEN, ANN  
169 ELDRIDGE ROAD  
FORT WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

NGUYEN, ANN  
169 ELDREDGE ROAD  
FORT WALTON BEACH, FL 32547 US

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.

SIGNATURE: ANN NGUYEN

02/25/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KIRWAN, STUART  
Address: 902 JULIAS STREET  
City-St-Zip: NEW ORLEANS, LA 70113

Title: PD ( ) Delete  
Name: BROWN, MARGARET B  
Address: 252 SLEEPY OAKS ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VPD ( ) Delete  
Name: SHEFFIELD, JOSEPH  
Address: P.O. BOX 28329  
City-St-Zip: PANAMA CITY, FL 32411

Title: STD ( ) Delete  
Name: NGUYEN, ANN  
Address: 169 ELDRIDGE ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: NGUYEN, ANN  
Address: 169 ELDREDGE ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

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: ANN NGUYEN

STD

02/25/2007

Electronic Signature of Signing Officer or Director

Date