

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 A
Secretary of State

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1. Entity Name
**EMERALD SURF VILLAS CONDOMINIUM OWNERS'
ASSOCIATION, INC.**

Principal Place of Business
**4204 E COUNTY HWY 30A
SANTA ROSA BEACH, FL 32459**

Mailing Address
**P.O. BOX 1733
SANTA ROSA BEACH, FL 32459**



01142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3624235

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCGILL, ROBERT E III
36008 EMERALD COAST PKWY, STE. 301
DESTIN, FL 32541**

**DO NOT WRITE
IN THIS SPACE**

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**

000000784370
01/16/08-80077-005 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**ST
FARRISH, AUDREY
P.O. BOX 2124
SANTA ROSA BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
JONES, RANDY
413 BARSCHALL DR
COLUMBUS, GA 31904**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
LAMIS, PANO
415 FERRY LANDING NW
ATLANTA, GA 30328**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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:

Audrey Farrish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AUDREY FARRISH 1-14-08 850-267-2243