2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007456

FILED Jan 06, 2009 Secretary of State

Entity Name: EMERALD SURF VILLAS CONDOMINIUM OWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 4204 E COUNTY HWY 30A SANTA ROSA BEACH, FL 32459 **Current Mailing Address: New Mailing Address:** P.O. BOX 1733 SANTA ROSA BEACH, FL 32459 FEI Number: 59-3624235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCGILL, ROBERT E III 36008 EMERALD COAST PKWY, STE. 301 DESTIN, FL 32541 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FARRISH, AUDREY Name: Name: Address: P.O. BOX 2124 Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: Title: Title: () Delete () Change () Addition Name: JONES, RANDY Name: Address: 413 BARSCHALL DR Address: City-St-Zip: COLUMBUS, GA 31904 City-St-Zip: Title: () Delete Title: () Change () Addition LAMIS, PANO Name: Name: 415 FERRY LANDING NW Address: Address: City-St-Zip: ATLANTA, GA 30328 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: AUDREY FARRISH ST 01/06/2009