

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 11 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000009032 (9)

1. Corporation Name
EMERALD - GOLFVIEW, INC.

Principal Place of Business

~~913 GULF BREEZE PARKWAY~~
~~SUITE 14~~
~~GULF BREEZE FL 32561~~

Mailing Address

~~913 GULF BREEZE PARKWAY~~
~~SUITE 14~~
~~GULF BREEZE FL 32561-4700~~

2. Principal Place of Business

21 226 Palafox Place

Suite, Apt. #, etc.

22 3rd Floor

City & State

23 Pensacola, FL

Zip

24 32501

Country

USA

2a. Mailing Address

26 226 Palafox Place

Suite, Apt. #, etc.

27 3rd Floor

City & State

28 Pensacola, FL

Zip

29 32501

Country

USA

3. Date Incorporated or Qualified

01/29/1996

3a. Date of Last Report

4. FEI Number

59-3356802

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAGGIO, R. BRENT
~~913 GULF BREEZE PARKWAY-~~
~~SUITE 14-~~
~~GULF BREEZE FL 32561-~~

10. Name and Address of New Registered Agent

81 Name

R. Brent Maggio

82 Street Address (P.O. Box Number is Not Acceptable)

226 Palafox Place

83

3rd Floor

84 City

Pensacola

FL

85 Zip Code
32501

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MAGGIO, R. BRENT

STREET ADDRESS 913 GULF BREEZE PARKWAY, SUITE 14

CITY - ST - ZIP ~~GULF BREEZE FL 32561~~TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☒ Change ☐ Addition

1.2 NAME

R. Brent Maggio

1.3 STREET ADDRESS

226 Palafox Place, 3rd Floor

1.4 CITY - ST - ZIP

Pensacola, FL 32501

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Brent Maggio 1/24/97 904/432-8550

Date

Daytime Phone #

CR2E034 (9/96)