


**2008 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # S81278 1. Entity Name EMERALD BAY REALTY, INC.	
--	---

Principal Place of Business 100 SEASCAPE DR. DESTIN, FL 32541	Mailing Address 100 SEASCAPE DR. DESTIN, FL 32541
---	---



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3113667	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HENSLEE, FRANKIE 100 SEASCAPE DR. DESTIN, FL 32550	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000883250 04/16/08-80073-013 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OSBORN, MARK E 4766 HWY 260 BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS FLEISHER, DAVID E. 100 SEASCAPE DR. DESTIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M NETTLES, JAY 100 SEASCAPE DR. DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSBORN, MARCUS B 4766 HWY 280 S BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 607, 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: David E. Fleisher 3/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #