

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V00622 (3)**

1. Corporation Name

**EMERALD COAST VACATION RENTALS, INC.**



Principal Place of Business

**621 HIGHWAY 98 EAST  
DESTIN FL 32541**

Mailing Address

**5380 CENTRAL AVENUE  
HOT SPRINGS AR 71913**

2. Principal Place of Business

2a. Mailing Address

21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
	30

3. Date Incorporated or Qualified <b>12/17/1991</b>	3a. Date of Last Report <b>04/13/1995</b>
4. FEI Number <b>41-1760842</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCGILL, ROBERT E III  
% WHITLOCK, KRAUSE & MCGILL  
1234 AIRPORT ROAD, SUITE 123  
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) <b>Robert E. McGill, P.A.</b>
83	<b>743 Hwy 98 E, # 5</b>
84	City <b>Destin</b> FL 85 Zip Code <b>32541</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Size and type of print must be legible. Use black ink.

(NOTE: Registered Agent signature must be handwritten.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAUPT, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>5380 CENTRAL AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOT SPRINGS AR 71913</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEHL, LARRY</b>	2.2 NAME	
STREET ADDRESS	<b>12700 ANDERSON LAKES PARKWAY #101</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EDEN PRAIRIE MN 55344</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNLOP, SCOTT</b>	3.2 NAME	
STREET ADDRESS	<b>12700 ANDERSON LAKES PARKWAY #101</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EDEN PRAIRIE MN 55344</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOPRIVA, EARL</b>	4.2 NAME	
STREET ADDRESS	<b>12700 ANDERSON LAKES PARKWAY #101</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EDEN PRAIRIE MN 55344</b>	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>AS CLEMONS, KEN</b></del>	5.2 NAME	
STREET ADDRESS	<del><b>621 HWY. 98</b></del>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<del><b>DESTIN FL</b></del>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEMPER, CLARA</b>	6.2 NAME	<b>Assistant Secretary.</b>
STREET ADDRESS	<b>621 HWY. 98 E.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DESTIN FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

*Robert E. McGill, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-96** **904 837 6100**  
DATE DAYTIME PHONE #

CR2E034 (12/95)