

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

**FILED**  
**Feb 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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 Mailing Address  
**621 HIGHWAY 98 EAST DESTIN FL 32541**  
**5380 CENTRAL AVENUE HOT SPRINGS AR 71913-9700**

3. Date Incorporated or Qualified **12/17/1991** 3a. Date of Last Report **04/25/1996**  
 4. FEI Number **41-1760842** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **151 Regions Way** 26 **PO Box 20410**  
 Suite, Apt #, etc. Suite, Apt #, etc.  
 22 **Bldg 2A** 27  
 City & State City & State  
 23 **Destin Fl** 28 **Hot Springs Ar**  
 Zip Country Zip Country  
 24 **32541 USA** 29 **71903 USA** 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**MCGILL, ROBERT E III** 81 Name  
**743 HWY 98 E STE 5** 82 Street Address (P.O. Box Number is Not Acceptable)  
**DESTIN FL 32541** 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <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	<b>V</b> <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	<b>S</b> <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	<b>T</b> <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	<b>AS</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEMPER, CLARA</b>	5.2 NAME	
STREET ADDRESS	<b>621 HWY. 98 E.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DESTIN FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **REQUIRE** 131-97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days/Phone #

CR2E034 (9/96)