

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001363

Entity Name: EMERALD COAST APARTMENT ASSOCIATION OF
NORTHWEST FLORIDA, INC.**Current Principal Place of Business:**940 SANTA ROSA BLVD
FORT WALTON BEACH, FL 32548**Current Mailing Address:**P O BOX 11937
PENSACOLA, FL 32524-1937**FEI Number: 55-0817955****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**POOLE, LEE ANN
940 SANTA ROSA BLVD
FORT WALTON BEACH, FL 32548 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

Officer/Director Detail :

Title	PD
Name	FERGUSON, TIFFANY
Address	4470 SPANISH TRL
City-State-Zip:	PENSACOLA FL 32504

Title	2VPD
Name	BROWN, WHITNEY
Address	1791 WILLIAMS DRIVE
City-State-Zip:	MARIETTA GA 30066

Title	TD
Name	KENT, JEFF
Address	711 UNDERWOOD AVE.
City-State-Zip:	PENSACOLA FL 32504

Title	1VPD
Name	MCLEMORE, LISA
Address	110 CREEKSIDE COURT
City-State-Zip:	PENSACOLA FL 32514

Title	SD
Name	JOHANSEN, ROB
Address	P.O. BOX 593
City-State-Zip:	ROBERSTDALE AL 36567

Title	PPD
Name	POOLE, LEE ANN
Address	940 SANTA ROSA BLVD
City-State-Zip:	FORT WALTON BEACH FL 32548

I hereby 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 all other like empowered.

SIGNATURE: LISA MCLEMORE**VICE PRESIDENT****02/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date