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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR 21 PM 2:23

DOCUMENT # 714246 (6)

1. Corporation Name

EMERALD HARBOR FLOTILLA CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 512<br>P. O. BOX 512<br>LONGBOAT KEY FL 34228<br>US | P.O. BOX 512<br>P. O. BOX 512<br>LONGBOAT KEY FL 34228<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1968
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7363058 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

ISABEL BROWN
751 EMERALD HARBOR DR.
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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: Isabel Brown ISABEL BROWN 3-8-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | T | 1.1 TITLE | SECRETARY | ☒ Change ☐ Addition |
| NAME | ANDREA RUSSELL | 1.2 NAME | ANDREA RUSSELL | |
| STREET ADDRESS | 5980 EMERALD HARBOR DR. | 1.3 STREET ADDRESS | 5980 EMERALD HARBOR DR | |
| CITY-ST-ZIP | LONGBOAT KEY FL | 1.4 CITY-ST-ZIP | LONG BOAT KEY, FL. 34228 | |
| TITLE | D | 2.1 TITLE | PRESIDENT | ☒ Change ☐ Addition |
| NAME | CAROL FALCK | 2.2 NAME | WILSON HAWTHORNE | |
| STREET ADDRESS | 791 BINNACLE POINT DR. | 2.3 STREET ADDRESS | 781 EMERALD HARBOR DR. | |
| CITY-ST-ZIP | LONGBOAT KEY FL | 2.4 CITY-ST-ZIP | LONG BOAT KEY, FL. 34228 | |
| TITLE | D | 3.1 TITLE | TREASURER | ☐ Change ☐ Addition |
| NAME | RUSSELL KAHL | 3.2 NAME | ISABEL BROWN | |
| STREET ADDRESS | 771 OLD COMPASS ROAD | 3.3 STREET ADDRESS | 751 EMERALD HARBOR DR | |
| CITY-ST-ZIP | LONGBOAT KEY FL | 3.4 CITY-ST-ZIP | LONG BOAT KEY, FL. 34228 | |
| TITLE | VP | 4.1 TITLE | DIRECTOR D | ☒ Change ☐ Addition |
| NAME | NADLER, MARGARET | 4.2 NAME | AL GREEN | |
| STREET ADDRESS | 751 OLD COMPASS RD. | 4.3 STREET ADDRESS | 731 EMERALD HARBOR DR. | |
| CITY-ST-ZIP | LONGBOAT KEY, FL 00000 | 4.4 CITY-ST-ZIP | LONG BOAT KEY, FL. 34228 | |
| TITLE | D | 5.1 TITLE | VP D | ☒ Change ☐ Addition |
| NAME | WEILLER, TED | 5.2 NAME | WELDON FROST | |
| STREET ADDRESS | 700 OLD COMPASS RD. | 5.3 STREET ADDRESS | 791 BINNACLE POINT DRIVE | |
| CITY-ST-ZIP | LONGBOAT KEY, FL 00000 | 5.4 CITY-ST-ZIP | LONG BOAT KEY, FL. 34228 | |
| TITLE | S | 6.1 TITLE | | ☒ Change ☐ Addition |
| NAME | SIEBOLD, PAUL Z. | 6.2 NAME | | |
| STREET ADDRESS | 711 BINNACLE POINT DR. | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LONGBOAT KEY FL | 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Isabel Brown ISABEL BROWN 3-8-95 (813) 383-8761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003032