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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 714246

(6)

EMERALD HARBOR FLOTILLA CLUB, INC.

Principal Place	e of Business	Mailing Address		7 160 HI 1890 HEN DISH HEN BILLE	air, 9184, 8181, 9184 8181 8184 8184 6181 1881
P.O. BOX 51	2	P.O. BOX 512			
P. O. BOX 512		P. O. BOX 512			
LONGBOAT I	KEY FL 34228	LONGBOAT KEY FL 342. US	28	3. Date Incorporated or Qualified	3a. Date of Last Report
03		US		03/13/1968	03/24/1995
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		23-7363058	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Hequired
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for in	Added to Fees
24	25	29	30		Yes No
1	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
ICADEL PROMINI					
isabel Brown			82 Street	Address (P.O. Box Number is Not Acceptable	9)
751 EMERALD HARBOR DR.		5901		I EMERALD HARI	300 1101
LONGBO	DAT KEY FL 34228	83 CONG		F C *	
			94 0%	4	85 Zip Code
			LOP	IGBOAT KEY	- FL 34.218
 11. Pursuant or registe 	to the br/wisions of Sections 617.0582 a red weak, or both, in the State of Florida	and 617.1508, Florida Statute: a. Suc b change was authorize	s, the above-named co ed by the corporation's	proporation submits this statement for the purp board of directors. I bereby accept the annoi	ose of changing its registered office introduction
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE	Muckey	1 CHARLES	0. KO(2)	SULT, REARURE	15 3/14/96
12.	Signature, typed or printed name of registered agent a OFFICERS AND		E Registered Agent signature r 13.	equired when perstalling) ADDITIONS/CHANGES TO OF HIS	CERS AND DIRECTORS IN 12
TITLE	S	DELETE	1,1 TITLE	5	. Change Addition
NAME	ANDREA RUSSELL	_	1.2 NAME	STAUNTON, ELLEN 701 EMERALA HAR	
STREET ADDRESS	-5980 EMERALD HARBOR DR.		1.3 STREET ADDRESS	701 EMERALD HAR	BOU DU.
CITY-ST-ZIP	- Longboat Key F l		1.4 CLFY - ST - ZIP	LONGBOAT KEY	FL. 342L8
TITLE	P	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, HAWTHORNE		2.2 NAME		
STREET ADDRESS	781 EMERALD HARBOR DR		2 3 STREET ADDRESS		
CITY - ST - ZIP	LONGBOAT KEY FL		2 4 CITY - ST - ZIP		
TIŤLÉ	D	™ DELETE	3.1 TITLE	YAHN, MARK	Change Addition
NAME	RUSSELL KAHL- 771 OLD COMPASS ROAD		3.2 NAME	CAOL EMEDALA HI	ARROR NO.
STREET ADDRESS	LONGBOAT KEY FL		3.3 STREET ADORESS	5981 EMERALD HI LONGBOAT KEY	E1 34718
CITY-ST-ZIP TITLE	D LONGBOAT RET FL	□ DELETE	3.4 CITY-SI-ZIP 4.1 TITLE	LUIS BORT	Change Addition
NAME	GREEN, AL		4.1 TILLE 4. 2 NAME		☐ Change ☐ AUGNIUIT
STREET ADDRESS	731 EMERALD HARBOR DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 00000		4.3 STREET ADDRESS		
THILE	D	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FROST, WELDON	_	5.2 NAME		
STREET ADDRESS	721 BINNACLE POINT DRIVE		5 3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 00000		5 4 CITY-ST-ZIP		
TITLE	T	DELETE	61 TITLE	T	Change Addition
NAME	BROWN, ISABEL		6 2 NAME	KORBULY, CHARLES	G.
STREET ADDRESS	7 51 EMERALD HARBOR DR		6.3 STREET ADDRESS	5901 EMERALD HAI LONGBOAT KEY, I	ebor DR.
CITY-ST-ZIP	LONGBOAT KEY FL				
14. I do herel certify tha	by certify that the information supplied w at the information indicated on this annua	rith this filing is voluntarily furni: al report of supplemental annu	shed and does not qua al report is true and ac	alify for the exemption stated in Section 1 9.0 occurate and that my signature shall have the s	7(3)(k), Florida Statutes. I further ame legal effect as if made under
certify that the information indigited on this annual report of 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 of dijector 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 axachment with an address.					
1 20000121	Down is or agon to it offerigon, and	i uni gerusiinis il rygen an assure	200.		

SIGNATURE: WOLLD KILLS G. KORBULY 3/14/96 (941)383-70-3

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