

FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714246** (6)

1. Corporation Name

**EMERALD HARBOR FLOTILLA CLUB, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 512  
P. O. BOX 512  
LONGBOAT KEY FL 34228  
US

P.O. BOX 512  
P. O. BOX 512  
LONGBOAT KEY FL 34228-0512  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified  
**03/13/1968**

3a. Date of Last Report  
**03/19/1996**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KORBULY, CHARLES G.**  
**5901 EMERALD HARBOR DRIVE**  
**LONGBOAT KEY FL 34228**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retitling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STAUNTON, ELLEN</b>	
STREET ADDRESS	<b>701 EMERALD HARBOR DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILSON, HAWTHORNE</b>	
STREET ADDRESS	<b>781 EMERALD HARBOR DR</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>YAHM, MARK</b>	
STREET ADDRESS	<b>5981 EMERALD HARBOR DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GREEN, AL</b>	
STREET ADDRESS	<b>731 EMERALD HARBOR DR</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 00000</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FROST, WELDON</b>	
STREET ADDRESS	<b>721 BINNACLE POINT DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 00000</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>KORBULY, CHARLES</b>	
STREET ADDRESS	<b>5901 EMERALD HARBOUR DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KORBULY, CHARLES</b>	
1.3 STREET ADDRESS	<b>5901 EMERALD HARBOR DRIVE</b>	
1.4 CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	
2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>PAMELA EATON</b>	
2.3 STREET ADDRESS	<b>701 BINNACLE POINT DRIVE</b>	
2.4 CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	
3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JARED EAST</b>	
3.3 STREET ADDRESS	<b>731 OLD COMPASS ROAD</b>	
3.4 CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>JOHN BOLBY</b>	
4.3 STREET ADDRESS	<b>771 BINNACLE POINT DRIVE</b>	
4.4 CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>ROBERT MUSTIC</b>	
5.3 STREET ADDRESS	<b>741 BINNACLE POINT DRIVE</b>	
5.4 CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jared East* 4/27/97 941 792 5463  
Date Daytime Phone # 0062873

CR2E037 (9/96)