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Aug 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. 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  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**03/13/1968**

4. FEI Number

**23-7363058**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

**EISENSTAT, MICHAEL**

82 Street Address (P.O. Box Number is Not Acceptable)

**711 OLD COMPASS ROAD**

83

84 City

**LONGBOAT KEY**

**FL**

85 Zip Code

**34228**

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

*Charles G. East*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**8-3-98**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KORBULY, CHARLES</b>	
STREET ADDRESS	<b>5901 EMERALD HARBOR DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PALMER, EATON</b>	
STREET ADDRESS	<b>701 BINNACLE POINT DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EAST, JARRD</b>	
STREET ADDRESS	<b>731 OLD COMPASS RD</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOLEY, JOHN</b>	
STREET ADDRESS	<b>771 BINNACLE POINT DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 00000</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MUSTIC, ROBERT</b>	
STREET ADDRESS	<b>721 BINNACLE POINT DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

TITLE	<b>T</b>	<input checked="" 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>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>EISENSTAT, MICHAEL</b>	
1.3 STREET ADDRESS	<b>711 OLD COMPASS ROAD</b>	
1.4 CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	

2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>HASSEL, EILEEN</b>	
2.3 STREET ADDRESS	<b>750 OLD COMPASS ROAD</b>	
2.4 CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	

3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>HOWE, JOAN</b>	
3.3 STREET ADDRESS	<b>5920 EMERALD HARBOR DRIVE</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>LEVIN, DAVID</b>	
4.3 STREET ADDRESS	<b>730 OLD COMPASS ROAD</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>KOMMEL, EVE</b>	
5.3 STREET ADDRESS	<b>670 OLD COMPASS ROAD</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 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:

*Charles G. East* JARRD G. EAST TARRS 04/29/98 941 792 5263

CR2E037 (10/97)