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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 714246

1. Corporation Name

EMERALD HARBOR FLOTILLA CLUB, INC.

Principal Place of Business

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

Mailing Address

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



\* 4 478356-90072-19

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

EISENSTAT, MICHAEL  
711 OLD COMPASS RD  
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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME EISENSTAT, MICHAEL  
STREET ADDRESS 711 OLD COMPASS RD  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE D  
NAME HASSEL, EILEEN  
STREET ADDRESS 750 OLD COMPASS RD  
CITY-ST-ZIP LONGBOAT KEY FL

TITLE D  
NAME HOWE, JOHN  
STREET ADDRESS 5920 EMERALD HARBOR DR  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE D  
NAME LEVIN, DAVID  
STREET ADDRESS 730 OLD COMPASS RD  
CITY-ST-ZIP LONGBOAT KEY, FL 00000 34228

TITLE D  
NAME KOMMEL, EVE  
STREET ADDRESS 670 OLD COMPASS RD  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE PRESIDENT  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE TREASURER  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE DIRECTOR  
5.2 NAME JIM DUDDESTON  
5.3 STREET ADDRESS 780 OLD COMPASS ROAD  
5.4 CITY-ST-ZIP Longboat Key, FL 34228

6.1 TITLE DIRECTOR  
6.2 NAME NANCY COOPER  
6.3 STREET ADDRESS 611 EMERALD HARBOR DR  
6.4 CITY-ST-ZIP Longboat Key, FL 34228

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)