

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB -1 PM 12:10

DOCUMENT # 733855 (1)

1. Corporation Name  
EMERALD ISLE CLUB, INC.

Principal Place of Business Mailing Address  
770 SUNDIAL COURT 770 SUNDIAL COURT  
FORT WALTON BCH. FL 32548-6063 FORT WALTON BCH. FL 32548-6063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/18/1975 3a. Date of Last Report 02/02/1994  
4. FEI Number 54-1010054 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 25  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
ISLAND CONDOMINIUM MGT CONSULTING  
770 SUNDIAL CT  
FT WALTON BCH FL 32548

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTIN, SCOTT 103 ELEY DR EGLIN AFB FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEFREITAS 770 SUNDIAL CT FT WALTON BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARPENTER, ELLEN 770 SUNDIAL CT. FT WALTON BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HENDRICKS, JEANETTE 328 BROOKS ST. FT WALTON BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOVE, EDWARD P.O. BOX 909 BROOKHAVEN MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGHTSHOE, PEGGY 770 SUNDIAL CT FT. WALTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P?D ELLEN CARPENTER <input type="checkbox"/> Change <input type="checkbox"/> Addition 770 SUNDIAL COURT FWB. FL. 32548
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D/S VAL DEFREITAS <input type="checkbox"/> Change <input type="checkbox"/> Addition 770 SUNDIAL COURT FWB. FL. 32548
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP/D THOMAS PROHASKA <input type="checkbox"/> Change <input type="checkbox"/> Addition 770 SUNDIAL COURT FWB. FL. 32548
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T/D JEANETTE HENDRICKS <input type="checkbox"/> Change <input type="checkbox"/> Addition 326 BROOKS ST. FWB. FL. 32548
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D R.E. FRANKUM <input type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 1016 38261 1703 STONEWALL UNION CITY TN.
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D PEGGY HIGHTSHOE <input type="checkbox"/> Change <input type="checkbox"/> Addition 770 SUNDIAL COURT FWB. FL. 32548

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 110.07(3)(k), 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: ELLEN CARPENTER *Ellen Carpenter* 1-26-95 244-2534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)