

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 733855 (1)

1. Corporation Name
EMERALD ISLE CLUB, INC.



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

3. Date Incorporated or Qualified: **09/18/1975**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **54-1010054**
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

**ISLAND CONDOMINIUM MGT CONSULTING
770 SUNDIAL CT
FT WALTON BCH FL 32548**

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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	SD	<input type="checkbox"/> DELETE
NAME	CARPENTER, ELLEN	
STREET ADDRESS	770 SUNDIAL COURT	
CITY-ST-ZIP	FWB FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	DEFREITAS, VAL	
STREET ADDRESS	770 SUNDIAL COURT	
CITY-ST-ZIP	FWB FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	THOMAS, PROHASKA	
STREET ADDRESS	770 SUNDIAL COURT	
CITY-ST-ZIP	FWB FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HENDRICKS, JEANETTE	
STREET ADDRESS	326 BROOKS ST.	
CITY-ST-ZIP	FWB FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANKUM, R. E.	
STREET ADDRESS	P. O. BOX 1016	
CITY-ST-ZIP	1703 STONEWALL UNION CITY TN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HIGHTSHOE, PEGGY	
STREET ADDRESS	770 SUNDIAL COURT	
CITY-ST-ZIP	FWB FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HELEN BROOKS	
1.3 STREET ADDRESS	770 SUNDIAL COURT	
1.4 CITY-ST-ZIP	FWB. FL.	
2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALFRED J. BRANDON	
2.3 STREET ADDRESS	770 SUNDIAL COURT	
2.4 CITY-ST-ZIP	FWB. FL.	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBERT HILLERUD	
5.3 STREET ADDRESS	770 SUNDIAL COURT	
5.4 CITY-ST-ZIP	FWB. FL.	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DEL PEARL	
6.3 STREET ADDRESS	770 SUNDIAL COURT	
6.4 CITY-ST-ZIP	FWB. FL.	

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 119.07(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: **ALFRED J. BRANDON** (904)243 4031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)