

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32548-6708
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3. Date Incorporated or Qualified 09/18/1975	3a. Date of Last Report 02/28/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 54-1010054	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current 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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SO	NAME CARPENTER, ELLEN	1.1 TITLE PD	HELEN BROOKS
STREET ADDRESS 770 SUNDIAL COURT	CITY-ST-ZIP FWB FL	1.2 NAME	770 SUNDIAL COURT
		1.3 STREET ADDRESS	FT. WALTON BEACH, FL. 32548
		1.4 CITY-ST-ZIP	
TITLE PD	NAME BRANDON, ALFRED	2.1 TITLE D	JOE B. LEVERETTE
STREET ADDRESS 770 SUNDIAL COURT	CITY-ST-ZIP FWB FL	2.2 NAME	770 SUNDIAL COURT
		2.3 STREET ADDRESS	FT. WALTON BEACH, FL. 32548
		2.4 CITY-ST-ZIP	
TITLE D	NAME THOMAS, PROHASKA	3.1 TITLE D	ROYCE BARKER
STREET ADDRESS 770 SUNDIAL COURT	CITY-ST-ZIP FWB FL	3.2 NAME	770 SUNDIAL COURT
		3.3 STREET ADDRESS	FT. WALTON BEACH, FL. 32548
		3.4 CITY-ST-ZIP	
TITLE TD	NAME HENDRICKS, JEANETTE	4.1 TITLE	
STREET ADDRESS 326 BROOKS ST.	CITY-ST-ZIP FWB FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE D	NAME HILLERUD, ROBERT	5.1 TITLE	
STREET ADDRESS 770 SUNDIAL COURT	CITY-ST-ZIP FWB FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE D	NAME PEARL, DEL	6.1 TITLE VPD	DEL PEARL
STREET ADDRESS 770 SUNDIAL COURT	CITY-ST-ZIP FWB FL	6.2 NAME	770 SUNDIAL COURT
		6.3 STREET ADDRESS	FT. WALTON BEACH, FL. 32548
		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 199.07(3)(b), 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: *Elleen C. Brooks* Date: *Per. 909 214 2594* Daytime Phone # 0073946

CR2E037 (9/96)