

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 21 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733855 (1)**

1. Corporation Name  
**EMERALD ISLE CLUB, INC.**



Principal Place of Business <b>770 SUNDIAL COURT                  FORT WALTON BCH. FL 32548-6063</b>	Mailing Address <b>770 SUNDIAL COURT                  FORT WALTON BCH. FL 32548-6063</b>
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3. Date Incorporated or Qualified  
**09/18/1975**

4. FEI Number  
**54-1010054**

Applied For	Not Applicable
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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. 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

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	29
25	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 **Charles A. Corsentino c/o  
 Beacon Resort Management, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1114 Santa Rosa Blvd.**

83 **Fort Walton Beach, FL 32548**

84 City **Fort Walton Beach, FL** 85 Zip Code **32548**

11. Pursuant to the provisions of Section 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 A. Corsentino* DATE *5/22/98*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BROOKS, HELEN</b>
STREET ADDRESS	<b>770 SUNDIAL COURT</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEVERETTE, JOE B.</b>
STREET ADDRESS	<b>770 SUNDIAL COURT</b>
CITY-ST-ZIP	<b>FWB FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BARKER, ROYCE</b>
STREET ADDRESS	<b>770 SUNDIAL COURT</b>
CITY-ST-ZIP	<b>FWB FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>HENDRICKS, JEANETTE</b>
STREET ADDRESS	<b>326 BROOKS ST.</b>
CITY-ST-ZIP	<b>FWB FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HILLERUD, ROBERT</b>
STREET ADDRESS	<b>770 SUNDIAL COURT</b>
CITY-ST-ZIP	<b>FWB FL</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE
NAME	<b>PEARL, DEL</b>
STREET ADDRESS	<b>770 SUNDIAL COURT</b>
CITY-ST-ZIP	<b>FWB FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Patricia Malone</b>
1.3 STREET ADDRESS	<b>770 Sundial Court</b>
1.4 CITY-ST-ZIP	<b>Fort Walton Beach, FL 32548</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 *Sandra B. Mortham* DATE *4/21/98*

CR2E037 (10/97)