


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91210 050 \*\*\*\*61.25

**DOCUMENT # 733855**  
 1. Entity 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**

**24066243**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04302004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**CORSENTINO, CHARLES A.  
 BEACON RESORT MANAGEMENT  
 1114 SANTA ROSA BLVD  
 FT WALTON BCH, FL 32548**

4. FEI Number  
**54-1010054**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name **Alicia J. Hallis-Realtor**  
 Street Address (P.O. Box Number is Not Acceptable)  
**770 Sundial Court**  
 City **Fort Walton Beach** FL Zip Code **32548**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Anne Marie Richardson** *Anne Marie Richardson* **April 30, 2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2004** 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'ROURKE, DANIEL 22 MARLBOROUGH RD SHALIMAR, FL 32579	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENDRICKS, JEANETTE 362 BROOKS STREET SE FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, GLYNN 12 EGLID DR SHALIMAR, FL 32579	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILLERUD, ROBERT 770 SUNDIAL COURT FWB, FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GIBSON COX, SUSAN 770 SUNDIAL CT #606 FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, JULIA 770 SUNDIAL CT #508 FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miller, Herbert 11300 Haverstick Rd Carmel IN 46033	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gove, Ed JR 415 Perkins Drive Brookhaven MS 39601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Carroll, Burt PO Box 131056 Birmingham AL 35213	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glynn Moore* **Glynn Moore** **4.30.04** **850-244-2534**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #