


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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	

FILED
06 DEC -4 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country


 07/05/06 90003 029 \$70.00
 11302006 Chg-NP CR2E037 (4/06)

4. FEI Number 54-1010054				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAHE, THEODORE D 202 ANGELFISH FORT WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: MILLER, HERBERT STREET ADDRESS: 11300 HAVERSTICK RD. CITY-ST-ZIP: CARMEL, IN 46033 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: P NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P NAME: BUSSEY, WILLIAM STREET ADDRESS: 770 SUNDAIL CT UNIT 300 CITY-ST-ZIP: FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: VP NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S NAME: MOORE, GLYNN STREET ADDRESS: 12 EGLIN DR CITY-ST-ZIP: SHALIMAR, FL 32579 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: HILLERUD, ROBERT STREET ADDRESS: 770 SUNDIAL COURT CITY-ST-ZIP: FWB, FL 32548 <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: D NAME: Thomas Prohaska STREET ADDRESS: 770 Sundial Ct. #212 CITY-ST-ZIP: Ft. Walton Beach, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: D NAME: GOVE, ED JR. STREET ADDRESS: 415 PERKINS DR. UNIT 708 CITY-ST-ZIP: BROOKHAVEN, MS 39601 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: AS NAME: RAHE, THEODORE D STREET ADDRESS: 202 ANGELFISH CITY-ST-ZIP: FT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Theodore D Rahe* Theodore D Rahe 12/30/06 850 244 5534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #