


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 733855 1. Entity Name EMERALD ISLE CLUB, INC.	
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Principal Place of Business 770 SUNDIAL COURT FORT WALTON BCH., FL 32548-6063	Mailing Address 770 SUNDIAL COURT FORT WALTON BCH., FL 32548-6063
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07062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-1010054	Applied For 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	<p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p>
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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)

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MILLER, HERBERT
STREET ADDRESS	11300 HAVERSTICK RD.
CITY-ST-ZIP	CARMEL, IN 46033
TITLE	V
NAME	BUSSEY, WILLIAM
STREET ADDRESS	770 SUNDAIL CT UNIT 300
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	S
NAME	MOORE, GLYNN
STREET ADDRESS	12 EGLIN DR
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	D
NAME	PROHASKA, THOMAS
STREET ADDRESS	770 SUNDIAL CT. #212
CITY-ST-ZIP	FT WALTON BEACH, FL 32548
TITLE	D
NAME	GOVE, ED JR.
STREET ADDRESS	415 PERKINS DR. UNIT 708
CITY-ST-ZIP	BROOKHAVEN, MS 39601
TITLE	AS
NAME	RAHE, THEODORE D
STREET ADDRESS	202 ANGELFISH
CITY-ST-ZIP	FT WALTON BEACH, FL 32548

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 07/10/07-80005-005 61.25

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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* **7-5-07** **850.244.2534**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #