


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90331 050 \*\*\*\*61.25

<b>DOCUMENT # 733855</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-1010054	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAHE, THEODORE D <del>202 ANGELFISH</del> 22 Beal Pkwy SW FORT WALTON BEACH, FL 32548			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 <i>Theodore D. Rahe</i>		Theodore D. Rahe		4-24-2008	
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, HERBERT		NAME		
STREET ADDRESS	11300 HAVERSTICK RD.		STREET ADDRESS		
CITY-ST-ZIP	CARMEL, IN 46033		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSSEY, WILLIAM		NAME		
STREET ADDRESS	770 SUNDAIL CT UNIT 300		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, GLYNN		NAME		
STREET ADDRESS	12 EGLIN DR		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PROHASKA, THOMAS		NAME		
STREET ADDRESS	770 SUNDIAL CT. #212		STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOVE, ED JR.		NAME		
STREET ADDRESS	415 PERKINS DR. UNIT 708		STREET ADDRESS		
CITY-ST-ZIP	BROOKHAVEN, MS 39601		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RAHE, THEODORE D		NAME		
STREET ADDRESS	202 ANGELFISH		STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH, FL 32548		CITY-ST-ZIP		
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: <i>Theodore D. Rahe</i>		Theodore D. Rahe		4/24/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 850 2442534	