

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 733855

1. Entity Name
EMERALD ISLE CLUB, INC.



FILED

06 DEC -4 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
54-1010054

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAHE, THEODORE D
202 ANGELFISH
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 **D** ☐ Delete

NAME **MILLER, HERBERT**
STREET ADDRESS **11300 HAVERSTICK RD.**
CITY-ST-ZIP **CARMEL, IN 46033**

TITLE **P** ☐ Delete

NAME **BUSSEY, WILLIAM**
STREET ADDRESS **770 SUNDAIL CT UNIT 300**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **S** ☐ Delete

NAME **MOORE, GLYNN**
STREET ADDRESS **12 EGLIN DR**
CITY-ST-ZIP **SHALIMAR, FL 32579**

TITLE **VP** ☒ Delete

NAME **HILLERUD, ROBERT**
STREET ADDRESS **770 SUNDIAL COURT**
CITY-ST-ZIP **FWB, FL 32548**

TITLE **D** ☐ Delete

NAME **GOVE, ED JR.**
STREET ADDRESS **415 PERKINS DR. UNIT 708**
CITY-ST-ZIP **BROOKHAVEN, MS 39601**

TITLE **AS** ☐ Delete

NAME **RAHE, THEODORE D**
STREET ADDRESS **202 ANGELFISH**
CITY-ST-ZIP **FT WALTON BEACH, FL 32548**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **\$12/5** ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition

NAME **Thomas Prohaska**
STREET ADDRESS **770 Sundial Ct. #212**
CITY-ST-ZIP **Ft. Walton Beach, FL 32548**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

Theodore D Rahe Theodore D Rahe 1/30/06 856 244 2534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #