

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

DOCUMENT # N04000006432

1. Entity Name

EMERALD COAST PERFORMANCE BOAT CLUB, INC.



Principal Place of Business

632- B NORTH BEAL PARKWAY
FORT WALTON BEACH, FL 32548 US

Mailing Address

632- B NORTH BEAL PARKWAY
FORT WALTON BEACH, FL 32548 US

FILED

08 SEP 24 AM 10: 52

CLERK OF STATE
TALLAHASSEE, FLORIDA



06292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AIKENS, TERRY
632- B NORTH BEAL PARKWAY
FORT WALTON BEACH, FL 32548

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

200136348842
09/25/08--01059--003 **61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME JENKINS, ALAN
STREET ADDRESS 345 B BONITA AVE
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE D
NAME WELLS, TIMOTHY
STREET ADDRESS 222 CHATEAUGAY STREET
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE D
NAME SEXTON, JOHN
STREET ADDRESS 241 SHALIMAR DRIVE
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

9/24

**DO NOT WRITE
IN THIS SPACE**

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: X Terry L Aikens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-22-08

Date

850-863-3436

Daytime Phone #