

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006432

FILED  
Apr 12, 2009  
Secretary of State

**Entity Name:** EMERALD COAST PERFORMANCE BOAT CLUB, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JENKINS, ALAN  
Address: 345 B BONITA AVE  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: WELLS, TIMOTHY  
Address: 222 CHATEAUGAY STREET  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: SEXTON, JOHN  
Address: 241 SHALIMAR DRIVE  
City-St-Zip: SHALIMAR, FL 32579

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: RITTER, SHAUN  
Address: 1189 SADDLE CREEK DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAUN RITTER

MR

04/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date