FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP 11 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000024773 (0)**

1. Corporation Name
EMERALD COAST CLUB, INC.

Principal Place of Business	Mailing Address
118 GADSDEN STREET TALLAHASSEE FL 32302	PO BOX 1094 TALLAHASSEE FL 32302-1094

3. Date Incorporated or Qualified: 03/28/1995
3a. Date of Last Report: 10/03/1996

2. Principal Place of Business
21: 2304 Killearn Ctr. Blvd
Suite, Apt. #, etc.
22: Suite B
City & State
23: Tallahassee, FL
Zip 24: 32308 Country 25: USA

2a. Mailing Address
26: P.O. Box 14533
Suite, Apt. #, etc.
27:
City & State
28: Tallahassee, FL
Zip 29: 32317 Country 30: USA

4. FEI Number: 59-3322244 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PACE, ANDREW A
118 GADSDEN STREET 2304 Killearn Ctr. Blvd Suite B
TALLAHASSEE FL 32302 Tallahassee, FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83: 800002291268--3
-09/12/97--01002--008
84 City: ****558.75 FL Zip Code: ****558.75

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	PACE, ANDREW A		1.2 NAME	Pace, Andrew A	
STREET ADDRESS	118 GADSDEN ST		1.3 STREET ADDRESS	2304 Killearn Ctr. Blvd. Suite B	
CITY-ST-ZIP	TALLAHASSEE FL 32302		1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	S	☒ DELETE	2.1 TITLE	Sec./Treas	☐ Change ☒ Addition
NAME	KOEHNEMANN, RICK		2.2 NAME	Jack L. Moore	
STREET ADDRESS	439 GRACE AVE		2.3 STREET ADDRESS	10999 Front Beach Rd. #2	
CITY-ST-ZIP	PANAMA CITY FL 32401		2.4 CITY-ST-ZIP	Panama City Beach, FL ~~32774~~ 32407	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, FORD R JR		3.2 NAME		
STREET ADDRESS	2884 KILKIERANE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32318		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

9-12-97

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Andrew A Pace 10 Sept '97 (850) 894-1415