

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2008 08:00 AM  
Secretary of State

DOCUMENT # P96000053631

1. Entity Name  
THE CLUB FAMILY SPORTS COMPLEX, INC.



Principal Place of Business

1230 CRANE COVE BLVD.  
GULF BREEZE, FL 32563

Mailing Address

1230 CRANE COVE BLVD.  
GULF BREEZE, FL 32563



04162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3390442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EMLING, III, CHARLES A  
605 CHESAPEAKE DRIVE  
GULF BREEZE, FL 32561

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME EMLING, CHARLES A III  
STREET ADDRESS 605 CHESAPEAKE DRIVE  
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE VP  
NAME EMLING, PENNY E  
STREET ADDRESS 605 CHESAPEAKE DRIVE  
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 607, 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: *Charles Emling III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.16.2008

Date

850.916.7946

Daytime Phone #