

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002253

**Entity Name:** EMERALD ISLE RESORT CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 15, 2021**  
**Secretary of State**  
**3206178426CC**

**Current Principal Place of Business:**

22 VIA DE LUNA  
PENSACOLA BEACH, FL 32561

**Current Mailing Address:**

22 VIA DE LUNA  
PENSACOLA BEACH, FL 32561

**FEI Number: 65-0747941**

**Certificate of Status Desired: No**

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

BLANKERSHIP, SUZANNE  
139 EAST GOVERNMENT STREET  
PENSACOLA, FL 32502 US

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           SAMS, BOB  
Address        22 VIA DELUNA DR  
                  UNIT 1702  
City-State-Zip: GULF BREEZE FL 32561

Title           S  
Name           REINKE, JENNIFER  
Address        3311 GULF BREEZE BLVD  
                  #328  
City-State-Zip: GULF BREEZE FL 32563

Title           TREASURER  
Name           GALL, THOMAS  
Address        2470 FLAT STONE DR  
City-State-Zip: CUMMING GA 30041

Title           PRESIDENT  
Name           GARDETTO, PAUL  
Address        N. 76 W. 36221 SADDLE BROOK LN  
City-State-Zip: OCONOMOWOC WI 53066

Title           DIRECTOR  
Name           HARPER, NAN  
Address        22 VIA DELUNA DR.  
                  SUITE 901  
City-State-Zip: PENSACOLA BEACH FL 32561

Title           DIRECTOR  
Name           HARRIS, JEFF  
Address        22 VIA DELUNA DR  
                  UNIT 1204  
City-State-Zip: GULF BREEZE FL 32561

Title           DIRECTOR  
Name           WILSON, SAM  
Address        254 FAIRPOINT DR  
City-State-Zip: GULF BREEZE FL 32561

*I hereby 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 all other like empowered.*

**SIGNATURE: PAUL GARDETTO**

**PRESIDENT**

**03/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date