

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N96000002253

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

**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 WILSON, SAM  
Address 412 N SUNSET DR  
City-State-Zip: GULF BREEZE FL 32561

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

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

Title DIRECTOR  
Name GARDETTO, PAUL  
Address 2080 VINCENT DRIVE  
City-State-Zip: BROOKFIELD WI 53045

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

Title PRESIDENT  
Name SHERMAN, JON  
Address 423 CHESTNUT STREET  
City-State-Zip: NEW ORLEANS LA 70115

Title VP  
Name LATO, GEORGE  
Address 8212 SUMMA AVE  
City-State-Zip: BATON ROUGR LA 70809

*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: JONATHAN SHERMAN**

**PRESIDENT**

**04/22/2020**

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

\_\_\_\_\_  
Date