


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 731690 1. Entity Name THE LAKES OF EMERALD HILLS, INC.	
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Principal Place of Business 8181 W BROWARD BLVD STE 350 FT LAUDERDALE, FL 33324 US	Mailing Address 8181 W BROWARD BLVD STE 350 FT LAUDERDALE, FL 33324 US
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01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1655427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PASTEL, MARVIN P II BECKER & POLIAKOFF P.A. 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REESE, STEVEN C 3560 N 32ND TERRACE HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRAUSS, KEN 3010 NE 34 STREET HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHELOMITH, BARRY 3221 N 36TH STREET HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BURNSTEIN, MITCHELL 3190 N 34 STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AST, JULES 3060 NORTH 3RD ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/12/05-80047-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/05
Date

Daytime Phone #