

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 734529 (1)

1. Corporation Name

FAMILY TOWNHOUSES OF THE LAKES OF EMERALD HILLS, INC.



Principal Place of Business: C/O DEVELOPMENT CONSULTANTS, INC. 2901 SIMMS STREET HOLLYWOOD FL 33020-1510
Mailing Address: C/O DEVELOPMENT CONSULTANTS, INC. 2901 SIMMS STREET HOLLYWOOD FL 33020-1510

3. Date Incorporated or Qualified: 12/08/1975
3a. Date of Last Report: 04/05/1995
4. FEI Number: 59-6603373
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEYROWITZ, ANDREW
% D.C.I.
2901 SIMMS ST.
HOLLYWOOD FL 33020

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1502, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ZEMEL, FRANK	
STREET ADDRESS	3005 OAKTREE LANE #272	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BUDMAN, BARTON	
STREET ADDRESS	3904 PINWOOD LANE #203	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BEHAR, BRIAN	
STREET ADDRESS	3893 MEADOW LANE #255	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KUSHNER, MARK	
STREET ADDRESS	3891 MEADOW LANE #256	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	LEFKOWITZ, ARNOLD	
STREET ADDRESS	3908 PARKSIDE LANE #229	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	JOISON, MELANIE	
STREET ADDRESS	3024 LAKEWOOD LANE #312	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PYNE, RICHARD	
1.3 STREET ADDRESS	3012 OAKTREE LANE #292	
1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANGELOZZI, CLAIRE	
2.3 STREET ADDRESS	3907 PARKSIDE LANE #233	
2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BASCOVE, STEPHEN	
3.3 STREET ADDRESS	3006 OAKTREE LANE #295	
3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GOLDLIST, GLENDA	
4.3 STREET ADDRESS	2996 OAKTREE LANE #335	
4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SALZBERG, MARK	
5.3 STREET ADDRESS	3017 WILLOW LANE #258	
5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dr. Richard Pyne, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ District Phone # _____

CR2E037 (12/95)