

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 22 AM 11:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 734529

1. Corporation Name
FAMILY TOWNHOUSES OF THE LAKES OF EMERALD HILLS, INC.

Principal Place of Business
**C/O DCI
2901 Simms Street
Hollywood, Fl 33020
US**

Mailing Address
**c/o DCI
2901 Simms Street
Hollywood, Fl 33020
US**

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified

4. FEI Number
59-6603373 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

**Meyrowitz, Andrew
c/o DCI
2901 Simms Street
Hollywood, FL 33020**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	Angelozzi, Claire	
STREET ADDRESS	3907 Parkside Lane, # 233	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Lefkowitz, Arnold	
STREET ADDRESS	3908 Parkside Lane # 229	
CITY-ST-ZIP	Hollywood, Fl 33021	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Platt, Thomas	
STREET ADDRESS	3909 Flamewood Lane, # 224	
CITY-ST-ZIP	Hollywood, Fl 33021	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Bascove, Stephen	
STREET ADDRESS	3006 Oaktree Lane, # 295	
CITY-ST-ZIP	Hollywood, Fl 33021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Poller, Neale	
STREET ADDRESS	3003 Oaktree Lane, # 271	
CITY-ST-ZIP	Hollywood, Fl 33021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Pyne, Ricard	
STREET ADDRESS	3012 Oaktree Lane, # 292	
CITY-ST-ZIP	Hollywood, Fl 33021	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	600002787456-3
14 CITY-ST-ZIP	-02/25/99-01073-003
21 TITLE	*****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

*760
2/22/99*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered

Signature of Claire Angelozzi

2/12/99

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____ Daytime Phone #: _____

CR2E037 (1/198)