

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734529

FILED
Apr 06, 2007
Secretary of State

Entity Name: FAMILY TOWNHOUSES OF THE LAKES OF EMERALD HILLS, INC.

Current Principal Place of Business:

2950 N 28 TERRACE
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

2950 N 28 TERRACE
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 59-6603373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGER, RANDALL K
621 NW 53RD STREET
SUITE 300
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: VAGIAS, LEONIDAS
Address: 3092 DERMWOOD LN
City-St-Zip: HOLLYWOOD, FL 33020

Title: PD () Delete
Name: LEFKOWITZ, ARNOLD
Address: 3908 PARKSIDE LANE, #229
City-St-Zip: HOLLYWOOD, FL 33021

Title: S () Delete
Name: SALIZBURG, DONNA
Address: 3908 FLAMEWOOD LN
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: WAGNER, CATHERINE
Address: 3006 WILLOW LN
City-St-Zip: HOLLYWOOD, FL 33020

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: VAGIAS, LEONIDAS
Address: 3092 BERMWOOD LN
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP (X) Change () Addition
Name: LEFKOWITZ, ARNOLD
Address: 3908 PARKSIDE LANE, #229
City-St-Zip: HOLLYWOOD, FL 33021

Title: S (X) Change () Addition
Name: SALIZBURG, DONNA
Address: 3908 FLAMEWOOD LN
City-St-Zip: HOLLYWOOD, FL 33021

Title: D (X) Change () Addition
Name: SAMUEL, MARSHA
Address: 3082 BERMWOOD LN
City-St-Zip: HOLLYWOOD, FL 33021

Title: P () Change (X) Addition
Name: LEFKOWITZ, ANN
Address: 3908 PARKSIDE LN
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM J. COLEMAN

MAN

04/06/2007

Electronic Signature of Signing Officer or Director

Date