

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 739683 (1)

**1. Corporation Name
THE WOODS OF EMERALD HILLS, INC.**

95 FEB 24 AM 11:30

Principal Place of Business Mailing Address
2901 SIMMS ST HOLLYWOOD FL 33020-8510
2901 SIMMS ST HOLLYWOOD FL 33020-8510

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/18/1977
3a. Date of Last Report 04/22/1994
4. FEI Number 59-1783589
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

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

9. Name and Address of Current Registered Agent

DEVELOPMENT CONSULTANTS, INC.
2901 SIMMS STREET
HOLLYWOOD FL 33020-8510

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	ROSENTHAL, JOAN
STREET ADDRESS	4104 N 40TH TERR
CITY - ST - ZIP	HOLLYWOOD FL 33021
TITLE	D
NAME	WASSERMAN, RETA
STREET ADDRESS	4107 N. 48TH AVE.
CITY - ST - ZIP	HOLLYWOOD FL 33021
TITLE	D
NAME	BRANDT, BENJAMIN
STREET ADDRESS	4705 N. 40TH ST.
CITY - ST - ZIP	HOLLYWOOD FL 33021
TITLE	D
NAME	SCHWARTZ, RITA
STREET ADDRESS	4707 N 40TH ST.
CITY - ST - ZIP	HOLLYWOOD FL 33021
TITLE	V
NAME	FIENGOLD, MARION
STREET ADDRESS	4705 N 40TH ST.
CITY - ST - ZIP	HOLLYWOOD FL 33021
TITLE	TD
NAME	QUINN, DON
STREET ADDRESS	4705 N 39TH ST.
CITY - ST - ZIP	HOLLYWOOD FL 33021

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	RON BAER - Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	4106 N. 48 Ave	
1.3 STREET ADDRESS	Hlwd, FL 33021	
1.4 CITY - ST - ZIP		
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steven Reiskind	
2.3 STREET ADDRESS	4101 N. 51 Ave.	
2.4 CITY - ST - ZIP	Hlwd, FL 33021	
3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hal Jacobs	
3.3 STREET ADDRESS	4102 N. 50 Ave	
3.4 CITY - ST - ZIP	Hlwd, FL 33021	
4.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rita Schwartz	
4.3 STREET ADDRESS	same	
4.4 CITY - ST - ZIP		
5.1 TITLE	Directors:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Keith Wasserstrom and Milton Strauss	
5.3 STREET ADDRESS	4107 N. 48 Ave 4106 N. 51 Ave.	
5.4 CITY - ST - ZIP	Hlwd, FL 33021 Hlwd, FL 33021	
6.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ED Pickard	
6.3 STREET ADDRESS	4104 N. 48 Terrace	
6.4 CITY - ST - ZIP	Hlwd, FL 33021	

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or in an attachment with an address.

SIGNATURE: *Hal Jacobs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ (Type in Block 13)