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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739683 (1)
1. Corporation Name
THE WOODS OF EMERALD HILLS, INC.



Principal Place of Business 2901 SIMMS ST HOLLYWOOD FL 33020-8510	Mailing Address 2901 SIMMS ST HOLLYWOOD FL 33020-1510
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3. Date Incorporated or Qualified 07/18/1977	3a. Date of Last Report 02/26/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-1783589	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	FL
85 Zip Code	

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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	BARR, RON
STREET ADDRESS	4106 N. 48 AVE
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LEVIN, MORTON
STREET ADDRESS	4102 N 48TH AVE
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	P <input type="checkbox"/> DELETE
NAME	JACOBS, HAL
STREET ADDRESS	4102 N. 50 AVE
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	SCHWARTZ, RITA
STREET ADDRESS	4707 N 40TH ST.
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WASSERSTROM, KEITH
STREET ADDRESS	4107 N. 48 AVE
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	STRAUSS, MILTON
STREET ADDRESS	4106 N 51ST AVE
CITY-ST-ZIP	HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARR RON
1.3 STREET ADDRESS	4106 N. 48th Ave
1.4 CITY-ST-ZIP	HOLLYWOOD, FL
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HAL JACOB
2.3 STREET ADDRESS	4102 N. 50th Street
2.4 CITY-ST-ZIP	
3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID GOLDIS
3.3 STREET ADDRESS	4704 N. 48th Ave
3.4 CITY-ST-ZIP	HOLLYWOOD, FL
4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KEITH WASSERSTROM
4.3 STREET ADDRESS	4107 N. 48 th Ave
4.4 CITY-ST-ZIP	HOLLYWOOD, FL
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RAMI COHEN
5.3 STREET ADDRESS	4104 N. 51 Ave
5.4 CITY-ST-ZIP	Hollywood, FL
6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RITA SCHARTZ
6.3 STREET ADDRESS	4707 N. 40th Ave
6.4 CITY-ST-ZIP	Hollywood, FL

14. I do 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.

SIGNATURE: *Milton Strauss* **SIGNATURED** *1/15/97*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0021287

PR2E037 (9/96)