


FILE NOW: FILING FEE IS \$61.25

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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 33020-8510
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3. Date Incorporated or Qualified 07/18/1977	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BARR, RON	
STREET ADDRESS	4106 N. 48 AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOB, HAL	
STREET ADDRESS	4102 NORTH 50TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, HAL	
STREET ADDRESS	4102 N. 50 AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, RITA	
STREET ADDRESS	4707 N 40TH ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WASSERSTROM, KEITH	
STREET ADDRESS	4107 N. 48 AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>VP David Goldis</i>
3.3 STREET ADDRESS	<i>3804 N. 47 Ave.</i>
3.4 CITY-ST-ZIP	<i>Hollywood, FL 33021</i>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>S RAMI COHEN</i>
4.3 STREET ADDRESS	<i>4104 N 51 AVE</i>
4.4 CITY-ST-ZIP	<i>HOLLYWOOD, FL</i>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<i>D JOAN ROSENTHAL</i>
5.3 STREET ADDRESS	<i>4710 N 40 Ave</i>
5.4 CITY-ST-ZIP	<i>Hollywood, FL</i>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date: *1/6/98* Daytime Phone #: *954-922-3514*

CR2E097 (10/97)