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03-02-1999 90099 001 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 739683

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1783589	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEVELOPMENT CONSULTANTS, INC. 2901 SIMMS STREET HOLLYWOOD FL 33020-8510				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT
NAME	BARR, RON	1.2 NAME	JACOBS, HAL
STREET ADDRESS	4106 N. 48 AVE	1.3 STREET ADDRESS	4102 N. 50 AVE.
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D	2.1 TITLE	VICE PRESIDENT
NAME	JACOB, HAL	2.2 NAME	SCHWARTZ, RITA
STREET ADDRESS	4102 NORTH 50TH STREET	2.3 STREET ADDRESS	4707 N. 40 STREET
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VPT	3.1 TITLE	SECRETARY
NAME	GOLDIS, DAVID	3.2 NAME	ROSENTHAL, JOAN
STREET ADDRESS	3804 N 47 AVE	3.3 STREET ADDRESS	4710 N. 40 STREET
CITY-ST-ZIP	HOLLYWOOD FL 33021	3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	S	4.1 TITLE	TREASURER
NAME	COHEN, RAMI	4.2 NAME	GOLDIS, DAVID
STREET ADDRESS	4104 N 51 AVE	4.3 STREET ADDRESS	3804 N. 47 AVE.
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D	5.1 TITLE	DIRECTOR
NAME	ROSENTHAL, JOAN	5.2 NAME	STRAUSS, MILTON
STREET ADDRESS	4710 N 40 AVE	5.3 STREET ADDRESS	4106 N. 51 AVE.
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D	6.1 TITLE	DIRECTOR
NAME	STRAUSS, MILTON	6.2 NAME	WILLENS, SHELDON
STREET ADDRESS	4106 N 51ST AVE	6.3 STREET ADDRESS	4101 N. 48 AVE.
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)