

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

APPROVED AND FILED

95 MAY -1 PM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N21063 (5)**
1. Corporation Name
MANOR HOMES AT EMERALD FOREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
O/O PROPERTY MANAGEMENT RESOURCES, INC.
4000 S. 57TH AVE., #101
LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/09/1987** 3a. Date of Last Report **04/21/1994**
4. FEI Number **59-2693443** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **DISTINCTIVE HOMES** 26 **DISTINCTIVE HOMES**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **13857 Wellington Trace #D-1** 27 **13857 Wellington Trace #D-1**
City & State City & State
23 **Wellington FL** 28 **Wellington FL**
Zip Country Zip Country
24 **33414** 25 **PALM BEACH** 29 **33414** 30 **PALM BEACH**

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. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PIERSON, BETTY
13097-A QUIET WOODS RD.
WEST PALM BEACH FL 33414

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 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 **BETTY PIERSON** *Betty Pierson* **4/17/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PIERSON, BETTY
STREET ADDRESS	13097A QUIET WOODS RD.
CITY-ST-ZIP	W. PALM BCH. FL 33414
TITLE	PO
NAME	SABOL, MICHAEL
STREET ADDRESS	13175B QUIET WOODS RD.
CITY-ST-ZIP	W. PALM BCH. FL 33414
TITLE	SD
NAME	CRAFT, PATRICIA
STREET ADDRESS	935 A HONEYTREE LANE
CITY-ST-ZIP	W. PALM BCH. FL 33414
TITLE	TD
NAME	BUBOLZ, ROY
STREET ADDRESS	13178 Q QUIET WOODS RD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	V
NAME	MICAL, JACK
STREET ADDRESS	13128 A QUIET WOODS RD.
CITY-ST-ZIP	W. PALM BCH. FL
TITLE	D
NAME	VRI, EDWARDINA
STREET ADDRESS	949-B HONEYTREE LN.
CITY-ST-ZIP	W. PALM BCH. 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	VP <input checked="" 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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D STEVE GAGNE
5.3 STREET ADDRESS	13128 QUIET WOODS RD
5.4 CITY-ST-ZIP	W. P. BCH FL 33414
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed, or on an attachment with an address).

SIGNATURE: *Betty Pierson* **4/17/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number 4)