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May 01 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 # N21063 (5)

1. Corporation Name
MANOR HOMES AT EMERALD FOREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 12765 W. FOREST BLVD. 1302 WELLINGTON FL 33414 US	Mailing Address 12765 W. FOREST BLVD. 1302 WELLINGTON FL 33414-4724 US
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

3. Date Incorporated or Qualified 06/09/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2693443	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

NELSON, MICHAEL H.
12765 W. FOREST BLVD.
1302
WELLINGTON 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PIERSON, BETTY	
STREET ADDRESS	13097A QUIET WOODS RD.	
CITY-ST-ZIP	W. PALM BCH. FL 33414	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	WEISS, ROBERT	
STREET ADDRESS	13140 B QUIET WOODS RD.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	B	<input type="checkbox"/> DELETE
NAME	KRISBERG, BARRY	
STREET ADDRESS	13182 B QUIET WOODS RD.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BUBOLZ, ROY	
STREET ADDRESS	13176 Q QUIET WOODS RD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	GAGNE, STEVE	
STREET ADDRESS	13128 QUIETWOODS ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VIRI, 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 checked="" type="checkbox"/> Addition
1.2 NAME	D JACK MCGUIFF
1.3 STREET ADDRESS	12675 W. Forest Hill Blvd #1302
1.4 CITY-ST-ZIP	Wellington, FL 33414
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 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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS Michael Nelson
6.3 STREET ADDRESS	3765 W Forest Hill Blvd 1302
6.4 CITY-ST-ZIP	Wellington FL 33414

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/28/97** DAYTIME PHONE # **54-793-7266**

CR2E037 (9/96)