


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 US
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3. Date Incorporated or Qualified  
**06/09/1987**

4. FEI Number <b>59-2693443</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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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	Zip
Country	Country
24	29
25	30

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PIERSON, BETTY</b>	
STREET ADDRESS	<b>13097A QUIET WOODS RD.</b>	
CITY-ST-ZIP	<b>W. PALM BCH. FL 33414</b>	
TITLE	<b>VP/D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISS, ROBERT</b>	
STREET ADDRESS	<b>13140 B QUIET WOODS RD.</b>	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCGRIFF, JACK</b>	
STREET ADDRESS	<b>12765 W FOREST HILL BLVD #1302</b>	
CITY-ST-ZIP	<b>WELLINGTON FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>BUBOLZ, ROY</b>	
STREET ADDRESS	<b>13176 Q QUIET WOODS RD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>P/D</b>	<input type="checkbox"/> DELETE
NAME	<b>GAGNE, STEVE</b>	
STREET ADDRESS	<b>13128 QUIETWOODS ROAD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VIRI, EDWARDINA</b>	
STREET ADDRESS	<b>949-B HONEYTREE LN.</b>	
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>AS MICHAEL H. NELSON</b>
1.3 STREET ADDRESS	<b>12765 W FOREST HILL BLVD</b>
1.4 CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>
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 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; that 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 by an attachment with an address.

SIGNATURE: *[Signature]* **4/15/98 561-793-7266**

CR2E037 (10/97)