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**May 08, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N21063

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/09/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2693443	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NELSON, MICHAEL H. 12765 W. FOREST BLVD. 1302 WELLINGTON FL 33414				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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERSON, BETTY	1.2 NAME	A/S MICHAEL H. NELSON
STREET ADDRESS	13097A QUIET WOODS RD.	1.3 STREET ADDRESS	12765 W. FOREST HILL BLVD #1302
CITY-ST-ZIP	W. PALM BCH. FL 33414	1.4 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VP/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, ROBERT	2.2 NAME	
STREET ADDRESS	13140 B QUIET WOODS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRUFF, JACK	3.2 NAME	
STREET ADDRESS	12765 W FOREST HILL BLVD #1302	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUBOLZ, ROY	4.2 NAME	
STREET ADDRESS	13176 Q QUIET WOODS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	P/D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGNE, STEVE	5.2 NAME	
STREET ADDRESS	13128 QUIETWOODS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<del>D <input checked="" type="checkbox"/> DELETE</del>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>VIRI, EDWARDINA</del>	6.2 NAME	
STREET ADDRESS	<del>949-B HONEYTREE LN.</del>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<del>W. PALM BCH. FL</del>	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 manager 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: *Michael H. Nelson* DATE: 4/15/99 DAYTIME PHONE #: 561-773-7266

CR2E037 (1/198)