

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90007 049 ****61.25

DOCUMENT # N21063
 1. Entity Name
MANOR HOMES AT EMERALD FOREST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 12785-C FOREST HILL BLVD
 WELLINGTON, FL 33414 US

Mailing Address
 12785-C FOREST HILL BLVD
 WELLINGTON, FL 33414 US

54015216



2. Principal Place of Business
 2994 Jog Road
 Suite B

3. Mailing Address
 2994 Jog Road
 Suite B

01272004 Chg-NP CR2E037 (10/03)

City & State
 Greenacres, FL

City & State
 Greenacres, FL

Zip
 33467

Country
 USA

Country
 USA

4. FEI Number
 59-2693443

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~NEWSOME, JOHN~~
~~12785-C FOREST HILL BLVD~~
~~WELLINGTON, FL 33414~~

7. Name and Address of New Registered Agent
 Name
CMC Management, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 2994 Jog Road
 Suite B
 City
 Greenacres FL Zip Code
 33467

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Scot A. Gerish* Manager *Feb. 26, 2004*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SABOL, MICHAEL 13175 QUIET WOODS RD WELLINGTON, FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, ROBERT 13140 B QUIET WOODS RD. WELLINGTON, FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REESE, RANDY 13188-B QUIET WOODS RD WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JULIAN 13109-B QUIET WOODS RD WEST PALM BEACH, FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLBERT, KYMBERLY 13110-B QUIET WOODS RD WEST PALM BEACH, FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Michael A. Sabol* MICHAEL A. SABOL - PRESIDENT 2/24/03
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #