


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90089 016 ****61.25

DOCUMENT # N21063

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



Principal Place of Business Mailing Address
 2994 JOG ROAD 2994 JOG ROAD
 SUITE B SUITE B
 LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2950 Jog RD **2950 Jog RD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Greenacres, FL **Greenacres, FL**
 Zip Country Zip Country
33467 **33467**



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For
59-2693443 Not Applicable

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

6. Name and Address of Current Registered Agent
CMC MANAGEMENT, INC.
2950 JOG ROAD 2950 Jog
~~SUITE B~~
GREENACRES, FL 33467

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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	PD	<input type="checkbox"/> Delete
NAME	SABOL, MICHAEL	
STREET ADDRESS	13175 QUIET WOODS RD	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	B	<input type="checkbox"/> Delete
NAME	WEISS, ROBERT	
STREET ADDRESS	13140 B QUIET WOODS RD.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	BO	<input type="checkbox"/> Delete
NAME	HOLBERT, KYMBERLY	
STREET ADDRESS	13110-B QUIET WOODS RD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECT./TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or without other like empowered.

SIGNATURE: *Michael Sabol* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR