

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21065

1. Corporation Name

**COUNTRY HOMES AT EMERALD FOREST HOMEOWNERS' ASSOCIATION
INC.**

Principal Place of Business
**4000 S. 57th Avenue
Suite 101
Lake Worth, Florida 33463**

Mailing Address
**4000 S. 57th Avenue
Suite 101
Lake Worth, FL 33463**

3. Date Incorporated or Qualified 6/9/1987	3a. Date of Last Report 6/30/95
4. FEI Number 65-0056856	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**Allan Ziker
13300 Opal Lane
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)	
83.	
84. City	FL

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: *[Signature]* **PRESIDENT** **6/5/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P - D
STREET ADDRESS		1.3 STREET ADDRESS	Allan Ziker
CITY-ST-ZIP		1.4 CITY-ST-ZIP	13300 Opal Lane Wellington, FL 33414
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	1st VP - D
STREET ADDRESS		2.3 STREET ADDRESS	Rocky Armento
CITY-ST-ZIP		2.4 CITY-ST-ZIP	13289 Emerald View Ct. Wellington, FL 33414
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	2nd VP - D
STREET ADDRESS		3.3 STREET ADDRESS	Richard Sommers
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1560 Lake Breeze Dr. Wellington, FL 33414
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	S Robert Miller
STREET ADDRESS		4.3 STREET ADDRESS	13274 Blue Diamond Place
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	T Lori Rajenski
STREET ADDRESS		5.3 STREET ADDRESS	1027 Avery Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	100001896251
STREET ADDRESS		6.3 STREET ADDRESS	-07/17/96--01028--044
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/96 **(407) 795-2313**
Date Daytime Phone

CR2E037 (12/95)