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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N21065 (0)

1. Corporation Name
COUNTRY HOMES AT EMERALD FOREST HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
4000 S 57 AVE S101 LAKE WORTH FL 33463 US
4000 S 57 AVE S101 LAKE WORTH FL 33463-4396 US

3. Date Incorporated or Qualified 06/09/1987
3a. Date of Last Report 07/17/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 65-0056856
Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

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

22. City & State 27. City & State

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

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIKER, ALLAN
13300 OPAL LANE
WELLINGTON FL 33414

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

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: *Allan Ziker* ALLAN ZIKER - 1/10/97
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 P/D DELETE
NAME ZIKER, ALLAN
STREET ADDRESS 13300 OPAL LANE
CITY-ST-ZIP WELLINGTON FL 33414

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP/D DELETE
NAME ARMENTO, ROCKY
STREET ADDRESS 13289 EMERALD VIEW CT.
CITY-ST-ZIP WELLINGTON FL 33414

2.1 TITLE Change Addition
2.2 NAME VP/D PAJENSKI, LORI
2.3 STREET ADDRESS 1027 AVIARY ROAD
2.4 CITY-ST-ZIP WELLINGTON FL 33414

TITLE VP/D DELETE
NAME SOMMERS, RICHARD
STREET ADDRESS 1560 LAKE BREEZE DR.
CITY-ST-ZIP WELLINGTON FL 33414

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S DELETE
NAME MILLER, ROSERT
STREET ADDRESS 13274 BLUE DIAMOND PLACE
CITY-ST-ZIP WELLINGTON FL 33414

4.1 TITLE S
4.2 NAME WALLS, DAVID Change Addition
4.3 STREET ADDRESS 13278 MOONSTONE TERRACE
4.4 CITY-ST-ZIP WELLINGTON FL 33414

TITLE T DELETE
NAME PAJENSKI, LORI
STREET ADDRESS 1027 AVIARY ROAD
CITY-ST-ZIP WELLINGTON FL 33414

5.1 TITLE T Change Addition
5.2 NAME ROTHENBERG, KARINA HOLT
5.3 STREET ADDRESS 1033 AVIARY RD.
5.4 CITY-ST-ZIP WELLINGTON, FL 33414

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: *Allan Ziker* ALLAN ZIKER 1/10/97 - (561) 795-2313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043889

CR2E037 (9/96)