

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N21065 (0)
1. Corporation Name
COUNTRY HOMES AT EMERALD FOREST HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: **4000 S 57 AVE, S101, LAKE WORTH FL 33463, US**
Mailing Address: **4000 S 57 AVE, S101, LAKE WORTH FL 33463, US**

3. Date Incorporated or Qualified: **06/09/1987**
4. FEI Number: **65-0056856**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**ZIKER, ALLAN
13300 OPAL LANE
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ZIKER, ALLAN 13300 OPAL LANE WELLINGTON FL 33414	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP/D PAJENSKI, LORI 1027 AVINRY RD WELLINGTON FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VP/D SOMMERS, RICHARD 1560 LAKE BREEZE DR. WELLINGTON FL 33414	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S WALLS, DAVID 13278 MOONSTONE TERR WELLINGTON FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T ROTHENBERG, KARINA HOLT 1033 AVIARY RD WELLINGTON FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Handwritten entries in Block 13:
3.1 TITLE: **V.P. IS/D**
3.2 NAME: **SOMMERS, RICHARD**
3.3 STREET ADDRESS: **1560 LAKE BREEZE DR**
3.4 CITY-ST-ZIP: **WELLINGTON FL. 33414**
5.1 TITLE: **T/D**
5.2 NAME: **Rothenberg, Karina Holt**
5.3 STREET ADDRESS: **1033 Aviary Rd.**
5.4 CITY-ST-ZIP: **Wellington, Fl 33414**

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 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, on an attachment with an address.

SIGNATURE: _____

CR2E037 (10/97)