2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N21065

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



2.

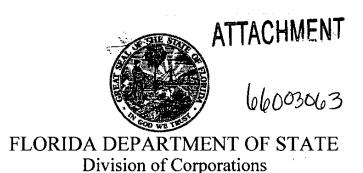
FILED Feb 28, 2006 8:00 am Secretary of State

02-03-2006 90017 016 ****61.25

110111201	MILIO ACCOMMICH, IN									
Principal Place of Business 4000 S 57TH AVENUE S101 LAKE WORTH, FL 33463 US		Mailing Address 4000 5 57TH AVENUE S101 LAKE WORTH, FL 33463 US			- 1 10 Atzent D/A 150 At	ı iren genig enen anı	81210 A1211 A1614	r didir bidir di	a fil it i a t fa t t	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062006 C	hg-NP	CR2E03	7 (11/05)		
City & State		City & State			4. FEI Number 65-0056856			pplied For		
Zip Country		Zip	Zip Cour		5. Certificate of S	tatus Desired		8.75 Ad	ditional	
	_ 6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
ZIKER, ALLAN				Name						
13300 OP/	AL LANE	Stre		Street Address ((P.O. Box Number is	Not Acceptable)			
WELLING'	TON, FL 33414									
				City			FL	Zip Coo	ie	
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 Borida. I am familiar with, and accept										
the obligations of registered agent.										
SIGNATURE										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstance) DATE										
		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		ake check da Departi				
10.	Due by May 1, 2006 OFFICERS AND DIF	PECTORS	1 44			<u> </u>				
TITLE	P/D	Deleta	11.		ADDITIONS/CHANG			Change	Addition	
NAME	ZIKER, ALLAN	_ Deles	NAM	ــُسُلِالِدُمُّا ا	JOHN IS	OLA OLA OA		Cuttings	A MODITION	
STREET ADDRESS	13300 OPAL LANE		STRE		1085 Avin					
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY	· S1- ZIP	Wellingto	W, FL	3341	<u> </u>		
TITLE	VPD	☐ Delets	TITLE	· I				Change	☐ Addition	
NAME STREET ADORESS	SMITH, LINDA 13100 BLUE SWALLOW TERR		NAM	E Et adoress						
CITY-ST-ZIP	WELLINGTON, FL 33414			-S1-25P						
TITLE	SD	Delete	TITLE	-				Change	Addition	
NAME	RUTH, WILLIAM	X	NAME	<u> </u>			,			
STREET ADDRESS	1472 LAKE BREEZE DR			ET ADDRESS						
-CITY-51-ZIP	-WELLINGTON, FL-33414 -		-	-ST-ZIP -					-	
TITLE Name	TD DUGRE, ROBERT	☐ Delete	TITLE				,	Change	Addition	
STREET ADDRESS	1368 LAKE BREEZE DR			ET ADDRESS					į	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY.	-51-2P						
TITLE	D	☐ Delete	TITLE					☐ Change	Addition	
NAME	SMITH, RAYMOND	•	NAME	<u> </u>						
STREET ADDRESS CITY+ST+ZIP	13100 BLUE SWALLOW TERR	ř		ET ADORESS						
	WELLINGTON, FL 33414			-\$1-ZIP	-					
TITLE NAME		☐ Delete	TITLE	i i			l	☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				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 included on this record or exposure the statute and that musicons the statute of the stat										
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 ampowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attagrament, with an appears, with all other like empowered.										

DINVELLEY ALLAW A. RIKER

SIGNATURE: MIM



February 6, 2006

COUNTRY HOMES AT EMERALD FOREST HOMEOWNERS" ASSOCIATIO 4000 S 57TH AVENUE S101
LAKE WORTH, FL 33463 US

Subject: COUNTRY HOMES AT EMERALD FOREST HOMEOWNERS'

Reference Number: /

N21065

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

·/MH ANNUAL REPORTS SECTION