


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90018 023 \*\*\*\*61.25

<b>DOCUMENT # N21065</b>							
<b>1. Entity Name</b> COUNTRY HOMES AT EMERALD FOREST HOMEOWNERS' ASSOCIATION, INC.							
<b>Principal Place of Business</b> 4000 S 57TH AVENUE S101 LAKE WORTH, FL 33463 US			<b>Mailing Address</b> 4000 S 57TH AVENUE S101 LAKE WORTH, FL 33463 US				
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		01142008 Chg-NP CR2E037 (12/06)			
Zip		Country		<b>4. FEI Number</b> 65-0056856			
				Applied For <input type="checkbox"/> Not Applicable			
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>				
ZIKER, ALLAN 13300 OPAL LANE WELLINGTON, FL 33414			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
<b>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.</b>							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
TITLE	P/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ZIKER, ALLAN	NAME					
STREET ADDRESS	13300 OPAL LANE	STREET ADDRESS					
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP					
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SMITH, LINDA	NAME					
STREET ADDRESS	13100 BLUE SWALLOW TERR	STREET ADDRESS					
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP					
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ISOLA, JOHN	NAME					
STREET ADDRESS	1085 AVIARY RD	STREET ADDRESS					
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP					
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DUGRE, ROBERT	NAME					
STREET ADDRESS	1368 LAKE BREEZE DR	STREET ADDRESS					
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP					
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SMITH, RAYMOND	NAME					
STREET ADDRESS	13100 BLUE SWALLOW TERR	STREET ADDRESS					
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
<b>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 all other like empowered.</b>							
SIGNATURE: <i>ALLAN ZIKER</i>		ALLAN ZIKER		1-18-08 (561) 795-2077			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			