

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 JUL 28 PM 1:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N24061 (6)**
1. Corporation Name
CORPORATE PARK AT EMERALD LAKE ASSOCIATION, INC.

Principal Place of Business Mailing Address
31111 STIRLING ROAD FT. LAUDERDALE FL 33312 **31111 STIRLING ROAD FT. LAUDERDALE FL 33312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/23/1987	3a. Date of Last Report 04/29/1994
4. FEI Number NOT APPLICABLE	Applied For 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BREIT, RICHARD H. C/O BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD FT. LAUDERDALE FL 33312-6525		01 Name	
		02 Street Address (P.O. Box Number is Not Acceptable)	
		03	
		04 City	FL 05 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 _____ DATE _____
Signature, typed or printed name of registered agent and title of agent (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLIAKOFF, GARY A.	12 NAME	
STREET ADDRESS	3111 STIRLING ROAD	13 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33312	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, STANFORD A.	22 NAME	
STREET ADDRESS	3111 STIRLING ROAD	23 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33312	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, GEOFFREY	32 NAME	Hollander, Walter
STREET ADDRESS	2555 GLADES ROAD	33 STREET ADDRESS	3109 Stirling Road
CITY - ST - ZIP	BOCA RATON FL 33431	34 CITY - ST - ZIP	Ft. Lauderdale, FL 33312
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, ALAN S	42 NAME	
STREET ADDRESS	3111 STIRLING RD.	43 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33312	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Berman, Steven
STREET ADDRESS		53 STREET ADDRESS	3990 Sheridan Street, Ste 209
CITY - ST - ZIP		54 CITY - ST - ZIP	Hollywood, FL 33021
TITLE		61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	Batievsky, Abraham
STREET ADDRESS		63 STREET ADDRESS	3990 Sheridan Street, Ste 209
CITY - ST - ZIP		64 CITY - ST - ZIP	Hollywood, FL 33021

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 or on the agreement with an address.

SIGNATURE: _____ DATE: **7/24/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)