

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 12/23/1987
3a. Date of Last Report: 07/28/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: NOT APPLICABLE
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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: _____ DATE: _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: PTD NAME: POLIAKOFF, GARY A. STREET ADDRESS: 3111 STIRLING ROAD CITY-ST-ZIP: FT. LAUDERDALE FL 33312	<input type="checkbox"/> DELETE
TITLE: VD NAME: PAUL, STANFORD A. STREET ADDRESS: 3111 STIRLING ROAD CITY-ST-ZIP: FT. LAUDERDALE FL 33312	<input type="checkbox"/> DELETE
TITLE: D NAME: HOLLANDER, WALTER STREET ADDRESS: 3109 STIRLING ROAD CITY-ST-ZIP: FT. LAUDERDALE FL	<input type="checkbox"/> DELETE
TITLE: D NAME: BECKER, ALAN S STREET ADDRESS: 3111 STIRLING RD. CITY-ST-ZIP: FT. LAUDERDALE FL 33312	<input type="checkbox"/> DELETE
TITLE: D NAME: BERMAN, STEVEN STREET ADDRESS: 3990 SHERIDAN STREET, STE 209 CITY-ST-ZIP: HOLLYWOOD FL	<input type="checkbox"/> DELETE
TITLE: D NAME: BATIEVSKY, ABRAHAM STREET ADDRESS: 3990 SHERIDAN STREET, STE 209 CITY-ST-ZIP: HOLLYWOOD FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as changed, or on an attachment with an address.

SIGNATURE: *Stanford A. Paul* STANFORD A. PAUL 3/4/96 987-7550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
SR 3-11-96

CR2E037 (12/95)