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SECRETARY OF STATE  
FLORIDA

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CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 724669 (7)  
1. Corporation Name  
THE TOWNHOUSES OF EMERALD HILLS, INC.

Principal Place of Business Mailing Address  
C/O GOLD COAST PROPERTY MANAGEMENT 10001 W. OAKLAND PARK BLVD. SUNRISE FL 33351  
C/O GOLD COAST PROPERTY MANAGEMENT 10001 W. OAKLAND PARK BLVD. SUNRISE FL 33351

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

3. Date Incorporated or Qualified 10/30/1972 3a. Date of Last Report 03/02/1994  
4. FEI Number 59-1493840 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
AMORIELLO, PATRICK L.  
C/O GOLD COAST PROPERTY MANAGEMENT, INC  
10113 SUNSET STRIP  
SUNRISE FL 33322

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SAGENKAHN, BRETT
STREET ADDRESS	104 HEATHER BROOK WAY
CITY- ST- ZIP	HOLLYWOOD FL
TITLE	VD
NAME	UNDERWOOD, JACK
STREET ADDRESS	502 BONNIE BRAC WAY
CITY- ST- ZIP	HOLLYWOOD FL
TITLE	SD
NAME	KROUSE, ANNA
STREET ADDRESS	1800 ST ANDREWS RD.
CITY- ST- ZIP	HOLLYWOOD FL
TITLE	TD
NAME	MCLINDEN, MICKEY
STREET ADDRESS	2301 ST. ANDREWS RD.
CITY- ST- ZIP	HOLLYWOOD FL
TITLE	D
NAME	HOCH, JOEL
STREET ADDRESS	201 DUNWOODY LANE
CITY- ST- ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD GUTAW, DOUGLAS
4.3 STREET ADDRESS	109 BONNIE BRAC WAY
4.4 CITY- ST- ZIP	HOLLYWOOD FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D GANON, LAURENCE
5.3 STREET ADDRESS	1505 ST. ANDREWS ROAD
5.4 CITY- ST- ZIP	HOLLYWOOD FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: 02-13-95 (Type in Year)