

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 1. Corporation Name 724669

TOWNHOUSES OF EMERALD HILLS CONDO. ASSOC., INC.

Principal Place of Business Mailing Address
Townhouses of Emerald Hills Condo. Assoc.
c/o Diversified Management Services
8471 W. Oakland Park Blvd.
Sunrise, FL 33351

3. Date Incorporated or Qualified 10-30-72 3a. Date of Last Report 3-2-95

2. Principal Place of Business 2a. Mailing Address
21 8471 W. Oakland Pk Blvd 26 P.O. Box 451418
Suite, Apt #, etc. Suite, Apt #, etc.
22 City & State 27 City & State
23 Sunrise FL 28 Sunrise, FL
Zip Country Zip Country
24 33351 25 Broward 29 33345-1418 30 Broward

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Ralph Waters
c/o Diversified Management Services
8471 W. Oakland Park Blvd.
Sunrise, FL 33345-1418

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

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	Douglas Gutaw	
STREET ADDRESS	109 Bonnie Brae Way	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	VPD	<input type="checkbox"/>
NAME	Seymour Schweky	
STREET ADDRESS	202 St. Andrews Rd.	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	SD	<input type="checkbox"/>
NAME	Janice Kopelowitz	
STREET ADDRESS	105 Bonnie Brae Way	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	TD	<input type="checkbox"/>
NAME	Tracy Gordon	
STREET ADDRESS	1503 St. Andrews Rd.	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	VPD	<input type="checkbox"/>
NAME	Anna Krouse	
STREET ADDRESS	1800 St. Andrews Rd.	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	SD	<input type="checkbox"/>
NAME	Catherine Jacobs	
STREET ADDRESS	111 Bonnie Brae Way	
CITY-ST-ZIP	Hollywood, FL 33021	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Bernie Wiener		
1.3 STREET ADDRESS	211 Bonnie Brae Way		
1.4 CITY-ST-ZIP	Hollywood, FL 33021		
2.1 TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Laurence Ganon		
2.3 STREET ADDRESS	1505 St. Andrews Rd.		
2.4 CITY-ST-ZIP	Hollywood, FL 33021		
3.1 TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Elliot Lemelman		
3.3 STREET ADDRESS	210 St. Andrews Rd.		
3.4 CITY-ST-ZIP	Hollywood, FL 33021		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS	800001764358		
6.4 CITY-ST-ZIP	-04/01/96--01032--024		

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/96

Daytime Phone #

CR2E037 (12/95)

3-30-1996