

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90228 004 \*\*\*\*61.25

0033081

**DOCUMENT # 724669**  
 1. Entity Name  
**THE TOWNHOUSES OF EMERALD HILLS, INC.**

Principal Place of Business      Mailing Address  
**1201 ST. ANDREWS RD.**      **1201 ST. ANDREWS RD.**  
**HOLLYWOOD FL 33021**      **HOLLYWOOD FL 33021**

2. Principal Place of Business      3. Mailing Address  
**The Continental Group, Ltd.**      **2950 N. 28th Terrace**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
**Hollywood, Fl. 33020**      **Hollywood, Fl. 33020**      **59-1493840**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**KAYE & ROGER, P.A.**  
**6261 NW 6TH WAY, SUITE 103**  
**FT LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

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

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees      Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WIENER, BERNIE	
STREET ADDRESS	211 BONNIE BRAE WAY	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JACOBE, CATHERINE	
STREET ADDRESS	111 BONNIE BRAE WAY	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHWEKY, <del>ALBERTA</del> Alberta	
STREET ADDRESS	<del>207 ST ANDREWS RD</del> 202 St. Andrews	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<del>KOPPELWITZ, JANICE</del> Kopelowitz	
STREET ADDRESS	<del>105 BONNIE BRAE WAY</del> Bonnie Brae Way	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUER, ROBERT	
STREET ADDRESS	107 ST ANDREWS RD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIS, JOE	
STREET ADDRESS	901 ST ANDREWS RD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Janice Kopelowitz - President      4/30/01      954-963-6415

CR2E037 (10/00)

# 2001 UNIFORM BUSINESS REPORT (UBR)

*Attachment*  
*976547*  
*#724669*

**DOCUMENT #**  
 1. Entity Name  
**The Townhouses of Emerald Hills, Inc.**  
 (cont'd.)

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

2. Principal Place of Business \_\_\_\_\_ 3. Mailing Address \_\_\_\_\_

Suite, Apt. #, etc. \_\_\_\_\_ Suite, Apt. #, etc. \_\_\_\_\_

City & State \_\_\_\_\_ City & State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

4. FEI Number \_\_\_\_\_ Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent** | **7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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.

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

**FILE NOW: FEE IS \$61.25** | 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees | **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Stephen Feidelman 1103 St. Andrews Rd. Hollywood, Fl. 33021 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Maria Elena Diaz 101 Heatherbrook Way Hollywood, Fl. 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Directors Bobbi Marr 111 Tweedbrook Lane Hollywood, Fl. 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**SIGNATURE:** \_\_\_\_\_