
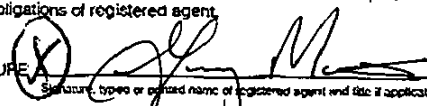
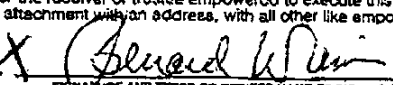


FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90129 001 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


DOCUMENT # 724669					
1. Entry Name THE TOWNHOUSES OF EMERALD HILLS, INC.					
Principal Place of Business 1201 ST. ANDREWS RD. HOLLYWOOD, FL 33021		Mailing Address THE CONTINENTAL GROUP LTD 2950 N 28TH TERRACE HOLLYWOOD, FL 33020			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1493840	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HYMAN, KAPLAN, GANGUZZA, SPECTOR & MARS MUSEUM TOWER 27TH FLOOR 150 W. FLAGLER STREET MIAMI, FL 33130			Name Hyman, Spector & Mars, LLP Street Address (P.O. Box Number Is Not Acceptable) Museum Tower, Suite 2701 150 W. Flagler Street City Miami FL Zip Code 33130		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Gary Mars, Esq.		February 6, 2006	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIENER, BERNIE 211 BONNIE BRAE WAY HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK PACKER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 701 ST ANDREWS ROAD HOLLYWOOD, FL 33021		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOBS, CATHERINE 111 BONNIE BRAE WAY HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY GANON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1505 ST ANDREWS ROAD HOLLYWOOD, FL 33021		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHWEKY, ALBERTA 202 ST ANDREWS HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINA SANDS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 407 DUNWOODY LANE HOLLYWOOD, FL 33021		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARR, ROBERT 111 TWEED BROOK LN HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEILAY, RICHARD 102 DUNWOODY LN HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIAZ, MARIA ELENA 101 HEATHERBROOK WAY HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 			1-27-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66002613



01202006 Chg-NP CR2E037 (11/05)

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 724669 1. Entity Name THE TOWNHOUSES OF EMERALD HILLS, INC.		
Principal Place of Business 1201 ST. ANDREWS RD. HOLLYWOOD, FL 33021		Mailing Address THE CONTINENTAL GROUP LTD 2950 N 28TH TERRACE HOLLYWOOD, FL 33020
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number 59-1493840		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HYMAN, KAPLAN, GANGUZZA, SPECTOR + MARS MUSEUM TOWER 27TH FLOOR 150 W. FLAGLER STREET MIAMI, FL 33130		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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE P <input type="checkbox"/> Delete NAME WIENER, BERNIE STREET ADDRESS 211 BONNIE BRAE WAY CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JACK PACKER STREET ADDRESS 701 ST ANDREWS ROAD CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE VP <input type="checkbox"/> Delete NAME JACOBS, CATHERINE STREET ADDRESS 111 BONNIE BRAE WAY CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME LARRY GANON STREET ADDRESS 1505 ST. ANDREWS ROAD CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE SD <input type="checkbox"/> Delete NAME SHWEKY, ALBERTA STREET ADDRESS 202 ST ANDREWS CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME NINA SANDS STREET ADDRESS 407 DUNWOODY LANE CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE D <input type="checkbox"/> Delete NAME MARR, ROBERT STREET ADDRESS 111 TWEED BROOK LN CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME BEILAY, RICHARD STREET ADDRESS 102 DUNWOODY LN CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T <input type="checkbox"/> Delete NAME DIAZ, MARIA ELENA STREET ADDRESS 101 HEATHERBROOK WAY CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE <input 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 exemptions contained in Chapter 119, 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 <i>Edward Wiener</i>		Date 1-27-06 Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>

66002614



01202006 Chg-NP CR2E037 (11/05)