

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90166 046 ****61.25

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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

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

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KAYE & ROGER, P.A.
6261 NW 8TH WAY, SUITE 103
FT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name: **Hyman, Kaplan, Ganguzzza, Spector & Mars**
Street Address (P.O. Box Number is Not Applicable):
**Museum Tower 27th floor
150 W. Flager 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.* **Gary Mars, Esq.** 2/19/03
Signature, typed or printed name of registered agent and title if applicable. (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WIENER, BERNIE	
STREET ADDRESS	211 BONNIE BRAE WAY	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<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, ALBERTA	
STREET ADDRESS	202 ST ANDREWS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KOPELOWITZ, JANICE	
STREET ADDRESS	105 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	VP	<input checked="" type="checkbox"/> Delete
NAME	CURTIS, JOE	
STREET ADDRESS	901 ST ANDREWS RD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria-Elena Diaz	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Noel Glaser	
STREET ADDRESS	405 Bonnie Brae Way	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Samuel Dan	
STREET ADDRESS	403 Dunwoody Lane	
CITY-ST-ZIP	Hollywood, FL 33021	

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

CR2E037 (10/02)