

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734529

**Entity Name:** FAMILY TOWNHOUSES OF THE LAKES OF EMERALD HILLS, INC.**FILED**  
**Feb 15, 2023**  
**Secretary of State**  
**7833986258CC****Current Principal Place of Business:**2500 HOLLYWOOD BLVD  
STE 314  
HOLLYWOOD, FL 33020**Current Mailing Address:**2500 HOLLYWOOD BLVD  
STE 314  
HOLLYWOOD, FL 33020 US**FEI Number: 59-6603373****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WASSERSTEIN, P.A.  
301 YAMATO ROAD  
SUITE 2199  
BOCA RATON, FL 33431 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MENEAR-AKSELROD, SHARON  
Address       2500 HOLLYWOOD BLVD  
                  STE 314  
City-State-Zip: HOLLYWOOD FL 33020

Title           SECRETARY  
Name           BROERTJES, HARRY  
Address       2500 HOLLYWOOD BLVD  
                  STE 314  
City-State-Zip: HOLLYWOOD FL 33020

Title           PRESIDENT  
Name           ANGELOZZI, CLAIRE  
Address       2500 HOLLYWOOD BLVD  
                  314  
City-State-Zip: HOLLYWOOD FL 33020

Title           DIRECTOR  
Name           JAVITS, DAVID  
Address       2500 HOLLYWOOD BLVD  
                  STE 314  
City-State-Zip: HOLLYWOOD FL 33020

Title           VP  
Name           GADOL, PAMELA  
Address       2500 HOLLYWOOD BLVD  
                  STE 314  
City-State-Zip: HOLLYWOOD FL 33020

Title           DIRECTOR  
Name           SOUSA, ELIZABETH  
Address       2500 HOLLYWOOD BLVD  
                  314  
City-State-Zip: HOLLYWOOD FL 33020

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: CLAIRE ANGELOZZI****PRESIDENT****02/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date