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**Mar 04, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 724669**

1. Corporation Name

**THE TOWNHOUSES OF EMERALD HILLS, INC.**

Principal Place of Business

1201 ST. ANDREWS RD.  
HOLLYWOOD FL 33021

Mailing Address

1201 ST. ANDREWS RD.  
HOLLYWOOD FL 33021



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/30/1972

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

9. Name and Address of Current Registered Agent

KAYE & ROGER, P.A.  
6261 NW 6TH WAY, SUITE 103  
FT LAUDERDALE FL 33309

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

TITLE **PD** ☐ DELETE

NAME **WIENER, BERNIE**  
STREET ADDRESS **211 BONNIE BRAE WAY**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **VPD** ☒ DELETE

NAME **SCHWEKY, SEYMOUR**  
STREET ADDRESS **202 ST. ANDREWS RD.**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **SD** ☒ DELETE

NAME **GUTAW, DOUG**  
STREET ADDRESS **109 BONNIE BRAE WAY**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **TD** ☒ DELETE

NAME **GORDON, TRACY**  
STREET ADDRESS **1503 ST. ANDREWS RD.**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☒ DELETE

NAME **GANON, LAWRENCE**  
STREET ADDRESS **1505 ST ANDREWS RD.**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **SD** ☒ DELETE

NAME **JACOBS, CATHERINE**  
STREET ADDRESS **111 BONNIE BRAE WAY**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**VPD**  
**CATHERINE JACOBS**  
**111 BONNIE BRAE WAY**  
**HOLLYWOOD, FL. 33021**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**SD**  
**ALBERTA SHWEKY**  
**202 ST. ANDREWS RD**  
**HOLLYWOOD, FL. 33021**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**TD**  
**JANICE KONELOWITZ**  
**105 BONNIE BRAE WAY**  
**HOLLYWOOD, FL. 33021**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**D**  
**MORTON WOLFEHIN**  
**401 DOYWOODY LN.**  
**HOLLYWOOD, FL. 33021**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D**  
**JOE CURTIS**  
**901 ST. ANDREWS RD.**  
**HOLLYWOOD, FL. 33021**

14. 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 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, with all other like empowered.

SIGNATURE:

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

2-3-99

954-9661170

Date

Daytime Phone #

CR2E037 (11/98)