

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90271 010 \*\*\*\*61.25

**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

**34076331**



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1493840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

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  
Due By May 1, 2004**

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

TITLE: ☐ Delete  
NAME: WIENER, BERNIE  
STREET ADDRESS: 211 BONNIE BRAE WAY  
CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: ☐ Delete  
NAME: VP  
NAME: JACOB, CATHERINE  
STREET ADDRESS: 111 BONNIE BRAE WAY  
CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: ☐ Delete  
NAME: SD  
NAME: SHWEKY, ALBERTA  
STREET ADDRESS: 202 ST ANDREWS  
CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: ☐ Delete  
NAME: P  
NAME: SAMUEL, DAN  
STREET ADDRESS: 403 DUNWOODY LANE  
CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: ☐ Delete  
NAME: D  
NAME: FUER, ROBERT  
STREET ADDRESS: 107 ST ANDREWS RD  
CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: ☐ Delete  
NAME: D  
NAME: GLACER, NOEL  
STREET ADDRESS: 405 BONNIE BRAEWAY  
CITY-ST-ZIP: HOLLYWOOD FL 33021

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #