


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90085 012 ****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

50021639



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02032005 Chg-NP CR2E037 (10/03)

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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 DP	<input type="checkbox"/> Delete
NAME WIENER, BERNIE	
STREET ADDRESS 211 BONNIE BRAE WAY	
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 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 SAMUEL, DAN	
STREET ADDRESS 403 DUNWOODY LANE	
CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME FUER, ROBERT	
STREET ADDRESS 107 ST ANDREWS RD	
CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME GLACER, NOEL	
STREET ADDRESS 405 BONNIE BRAEWAY	
CITY-ST-ZIP HOLLYWOOD, FL 33021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 ROBERT MARR, Robert	
STREET ADDRESS 111 TWEED BROOK LN	
CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BEILAY, RICHARD	
STREET ADDRESS 102 DUNWOODY LN	
CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DIAZ, MARIA ELENA	
STREET ADDRESS 101 HEATHERBROOK WAY	
CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PACKER, JACK	
STREET ADDRESS 701 ST-ANDREWS ROAD	
CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GANON, LAURENCE	
STREET ADDRESS 1505 SAINT ANDREWS ROAD	
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: Sharon W. Cain President Date: 2-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #