

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1493840

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HYMAN, KAPLAN, GANGUZZA, SPECTOR + MARS
MUSEUM TOWER 27TH FLOOR
150 W. FLAGLER STREET
MIAMI, FL 33130

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

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	JACOB 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 BRAE WAY	
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 HEATHENBROOK 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:

Shirley W. Cain President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #