2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State 02-27-2006 90129 001 ****61.25

Daytime Phone #

DOCUMENT #724669			02-27-200	0 0 0 1 2 0 0 0 1 0 1 2 3					
1. Entity Name THE TOWNHOUSES OF EMERALD	HILLS, INC.								
<u>-</u>				- FED 0.0 5000					
Principal Ptoce of Business 1201 ST. ANDREWS RD. HOLLYWOOD, FL 33021 Principal Ptoce of Business THE CONTINENTAL GROUP 2950 N 28TH TERRACE HOLLYWOOD, FL 33020				66002613					
2. Principal Place of Business	_ ,								
Suite, Apt. #, etc.	lite, Apt. #, etc. Suite, Apt. #, etc.			01202006 Chg-NP	CR2E037 (11/05)				
City & State	tie City & State			4. FEI Number 59-1493840	Applied For Not Applicable				
Zip Country	Zip Cox		itry	5. Certificate of Status Do	Fice Required				
6. Name and Address of Current	Registered Agent		Name U	7. Name and Address of	New Registered Agent				
HYMAN, KAPLAN, GANGUZZA, SPECTO MUSEUM TOWER 27TH FLOOR 150 W. FLAGLER STREET	DR + MARS	-	Street Address (F.O. Box Number is Not Acceptable) Misseam Tener, Suite 2701						
MIAMI, FL 33130]	150 W. Flogler Street						
		Γ	City Mian	_	FL Zip Code				
8. The above named entity submits this statement for	the purpose of changing its	registered	office or register	red agent, or both, in the Sta					
the obligations of registered agent									
SIGNATURE Senature, types or popular name of experience agents	and title if applicable. ONOTE	North Sign aguire required	o q . I when rainstating)	Jebrary 6, 2006					
Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2006 9. Election Campaign Financing \$5.00 May Be Added to Fees Florida Department of State									
19. OFFICERS AND DIR		11.	ID	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 10				
	THE DESCRIPTION OF THE PROPERTY OF THE PROPERT				☐ Change ☐ Addition				
STREET ADDRESS 211 BONNIE BRAE WAY CITY-ST-ZIP HOLLYWOOD, FL 33021	NAME STREET CITY-ST	ADDRESS 70	701 37						
nre VP	~ 				Change Addition				
JACOBS, CATHERINE	JACOBS, CATHERINE			NAME LARRY GANON					
STREET ADDRESS 111 BONNIE BRAE WAY CITY-\$1-29 HOLLYWOOD, FL 33021	110111111111111111111111111111111111111				2WS KOHU Zi 22004				
mie SD					Change P Addition				
NAME SHWEKY, ALBERTA	C) VIII	NAME	N	INA SANOS					
STREET ADDRESS 202 ST ANDREWS CITY-ST-ZP HOLLYWOOD, FL 33021	LIOU I MAINTEN EL ANGE				V 72-21				
mue O	☐ Deicic	CITY-ST	No.	SUNWOODY SILY WOOD , I	C 35021				
NAME MARR, ROBERT		NAME	}		.i Change Addition				
STREET ADDRESS 1111 TWEED BROOK LN CITY-S1-2P HOLLYWOOD, FL 33021		STREET CITY-ST	ADDRESS T-ZIP		· ·				
mre D	☐ Delete	TITLE			Change Addition				
NAME BEILAY, RICHARD STREET ADDRESS 102 DUNWOODY LN		NAME							
CITY-ST-ZP HOLLYWOOD, FL 33021		CITY-SI	ADORESS 1-Zip		:				
TITLE T	Octobe	TITLE			Change Addition				
NAME DIAZ, MARIA ELENA STRETT ADDRESS 101 HEATHERBROOK WAY	•	MAME							
CITY-SI-ZIP HOLLYWOOD, FL 33021		STREET .	ADORESS 1-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplicmental report is true and accurate and that my signature shall have the same legal effect as if made under outh; that I am an officer or director of the corporation or the receiver or trustiee empowered to execute this report as a required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withy an address, with all other like empowered.									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTION									

-2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 724669 1. Entity Name THE TOWNHOUSES OF EMERALD HILLS, INC.													
Principal Place of Business 1201 ST. ANDREWS RD. HOLLYWOOD, FL 33021 Principal Place of Business THE CONTINENTAL GROUP LTD 2950 N 28TH TERRACE HOLLYWOOD, FL 33020					Ē				00261 				
Principal Place of Business Mailing Address													
Suite, Apt. #, etc. Suite, Apt. #, etc.			ite, Apt. #, etc.				01202006 Ct	ng-NP	CR2E037	7 (11/05)			
City & Stat	te City & State						4. FEI Number 59-149384	0		_ 	plied For t Applicable		
Zip		Country	Zi		₋Cou	.Country		5. Certificate of St	atus Desired		8.75 Add ee Require	litional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name							
HYMAN, KAPLAN, GANGUZZA, SPECTOR + MARS MUSEUM TOWER 27TH FLOOR 150 W. FLAGLER STREET MIAMI, FL 33130					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.										and accept			
SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Onte in the control of th													
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Trust Fund Contribu					~ -	-	\$5.00 May Be Added to Fees Make check payable to Florida Department of State						
10. TITLE					11.	. 1	λ	ADDITIONS/CHANG			Channa	10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	WIENER, BERNIE 211 BONNIE BRAE WAY STR				NAME STREE	E Et address -st-zip	JACK PACKAR 701 ST ANOREWS ROAD Nothing 1970						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Delete JACOBS, CATHERINE 111 BONNIE BRAE WAY HOLLYWOOD, FL 33021				E E ET ADDRESS -ST-ZIP	D 15	ACK PACKAR OI ST ANDREW ROAD NOTIONS PORT HOLLYWOOD, PC 33021 ARRY BANDN 505 ST ANDREWS ROAD HOLLYWOOD, FC 33021 Change PA						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHWEKY, ALBERTA 202 ST ANDREWS					اسا	DNINA SANOS Change Addition 407 DUNWOODY LANE NOTIONSON ; IL 33021						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i	OBERT ED BROOK LN OOD, FL 33021		☐ Delete				/			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ì	RICHARD WOODY EN OOD, FL 33021		☐ Delete		i i					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-Z3P	101 HEAT	RIA ELENA IHERBROOK WAY OOD, FL 33021		☐ Delete							☐ Change	Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 & SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #													