

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90166 046 \*\*\*\*61.25

0018922

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KAYE & ROGER, P.A.  
6261 NW 8TH WAY, SUITE 103  
FT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name **Hyman, Kaplan, Ganguzzza, Spector & Mars**  
Street Address (P.O. Box Number is Not Applicable)  
**Museum Tower 27th floor  
150 W. Flager Street**  
City **Miami** FL Zip Code **33130**

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

*Gary Mars, Esq.* **2/19/03**

**FILE NOW: FEE IS \$61.25**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WIENER, BERNIE</b>	
STREET ADDRESS	<b>211 BONNIE BRAE WAY</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACOBE, CATHERINE</b>	
STREET ADDRESS	<b>111 BONNIE BRAE WAY</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SHWEKY, ALBERTA</b>	
STREET ADDRESS	<b>202 ST ANDREWS</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KOPELOWITZ, JANICE</b>	
STREET ADDRESS	<b>105 BONNIE BRAE WAY</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FUER, ROBERT</b>	
STREET ADDRESS	<b>107 ST ANDREWS RD</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CURTIS, JOE</b>	
STREET ADDRESS	<b>901 ST ANDREWS RD</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Maria-Elena Diaz</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Noel Glaser</b>	
STREET ADDRESS	<b>405 Bonnie Brae Way</b>	
CITY-ST-ZIP	<b>Hollywood, FL 33021</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Samuel Dan</b>	
STREET ADDRESS	<b>403 Dunwoody Lane</b>	
CITY-ST-ZIP	<b>Hollywood, FL 33021</b>	

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)