FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 16 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731690 (4)

1. Corporation Name

THE LAKES OF EMERALD HILLS, INC.

Principal Place of Business	Mailing Address
~~6910 MIRAMAR PARKWAY, SUITE 300~~ ~~1156 N UNIVERSITY DR STE A~~ ~~MIRAMAR FL 33024-5031~~	8181 W BROWARD BLVD STE 350 FT LAUDERDALE FL 33324 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1975
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1655427 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 8181 W. Broward Blvd	2a. Mailing Address 26
Suite, Apt. #, etc. 22 #350	Suite, Apt. #, etc. 27
City & State 23 Ft. Laud., FL	City & State 28
Zip / Country 24 33324 / 25 US	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ATKINSON, WILSON C. III 1946 TYLER STREET STE 350 HOLLYWOOD FL 33020	01 Name 02 Street Address (P.O. Box Number Is Not Acceptable) 03 04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	REESE, STEVEN C	1.2 NAME	
STREET ADDRESS	3560 N 32ND TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	VPT	2.1 TITLE	☐ Change ☐ Addition
NAME	STRAUSS, KEN	2.2 NAME	
STREET ADDRESS	3010 NE 34 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SHELOMITH, BARRY	3.2 NAME	
STREET ADDRESS	3221 N 36TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	SEC	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, JOEL	4.2 NAME	
STREET ADDRESS	3851 N. 31ST TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KAMMERMAN, ROY	5.2 NAME	
STREET ADDRESS	3147 N. 34TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE', LAWRENCE	6.2 NAME	
STREET ADDRESS	3481 N. 31ST AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] AVP 3/10/95 305 474 4100
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR AGENT OR OFFICER — Date — Daytime Phone #

0010420