FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

SIGNATURE:

731690

(4)

THE LAKES OF EMERALD HILLS, INC.

Principal Place of Business Mailing Address										ANY ASSET BURNER)	
8181 W BROW	ARD BLVD			8181 W BROWARD BLVD								
STE 350 FT LAUDERDALE FL 33324				STE 350 FT LAUDERDALE FL 33324-2046								
US				US				3. Date Incorporated or Qualified 01/21/1975	3a. Da	ate of Last P 05/01/19	Report 196	
	lace of Busine	SS	2a. I	2a. Mailing Address				4. FEI Number	_J	A	pplied For	
Suite. Apt. #. etc.			26					59-1655427		No	ot Applicable	
Suite, Apt.	#, etc.		 	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
City & State				City & State				6. Election Campaign Financing			equired	
23			28	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zφ		Country		Zip Cou		ntry		8. This corporation has liability for	bility for intangible tax under s. 199.032,			
24	2:		[29]		30			Florida Statutes	Yes [XXNo		
Name and Address of Current Registered Agent 81 Name								10. Name and Address of New Registered Agent				
ATIVINIO	ON, WILSON	C 10			į	01	Name					
	UN, WILSON 'LER STREET						Street Addre	Address (P.O. Box Number is Not Acceptable)				
STE 350						83						
HOLLYW	VOOD FL 330	020					City	***************************************		85 Zip	Code	
15 Purcunot	to the provision	no of Continue 617	OFOO and 617	1500 Florido Ctat			•		<u>FL</u>	. ' '		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12.				D DIRECTORS 13.			r organizate reduces	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
MLE	PD		/	DELETE	1.1 TiT	LE				☐ Change	Addition	
NAME	reese, s				1.2 NA	ME					ŀ	
STREET ADDRESS		2ND TERRACE		1.3 \$		1.3 STREET ADDRESS						
CITY-ST-ZIP	HOLLYWO	DOD FL		1.4 0			- ZIP					
TITLE	OTD ALLOC	VEN		DELETE 2.1 TO		LE				☐ Change	Addition	
NAME	STRAUSS, KEN 3010 NE 34 STREET					2.2 NAME						
STREET ADDRESS	HOLLYWO					2.3 STREET ADDRESS						
CITY - ST - ZIP TITLE	PD	JOD FL				2. 4 CITY+ST+ZIP 3.1 TITLE				Change	Addition	
NAME	r	TH, BARRY				3.2 NAME				FT CHANGE	Addition	
STREET ADDRESS		BTH STREET					DORESS					
CITY-ST-ZIP	HOLLYWO				3.4. Cf							
TITLE	SEC			DELETE	4.1 TIT		- 211			Change	Addition	
NAME	SCHNEID	er, joel			4. 2 N/	AME						
STREET ADDRESS		1ST TERRACE			1		DDAESS					
CITY-ST-ZIP	HOLLYWO	OOD FL			4.4 CN	ry-st-	ZIP					
TITLE	D ,			DELETE	5.1 TIT	LE			······································	Change	☐ Addition	
NAME		LAWRENCE			5.2 NA	ME						
STREET ADDRESS		1ST AVENUE			5.3 ST	REET A	DDRESS					
Crty-St-ZiP	HOLLYWO	OOD FL			5.4 CH	Y-ST-	ZIP					
TITLE	P. 2 2 2 2 2	TO KRIG	ER	☐ DELETE	6.1 111					Change	Addition	
NAME	HIDEK	in will		38	6.2 NA						ł	
STREET ADDRESS	3451	H34 M	11. 141 6	100 F1 30	/		DDRESS				j	
CHY-ST-ZIP	by certify that t	he information ding	lipd with this	Uling does not our	6.4 CIT			n Section 119.07(3)(i), Florida Statute	n 16	a maratide a the con-	ib.	
informatio	on indicated on	this annual report	or supplemen	ital annual report is	true and a	CCUr	ate and that n	ny signature shall have the same lega	effect as	if made un	der oath; that	