

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97397

(8)

1. Corporation Name

THE VILLAGES AT EMERALD LAKES, INC.

Principal Place of Business

SUITE 410
7777 GLADES ROAD
BOCA RATON FL 33434

Mailing Address

SUITE 410
7777 GLADES ROAD
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/31/1990

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0219488

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

81 Name

The Prentice Hall Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hayes Street St 105

83

84 City

Tallahassee

FL

85

Zip Code

32301

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

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WIENER, ELLIOTT M.
STREET ADDRESS	7103 ENCINA LANE
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	VRD
NAME	RAFOSKY, HARVEY, P
STREET ADDRESS	133 ISLE OF VENICE
CITY-ST-ZIP	FT. LAUDERDALE FL 33301
TITLE	VPD
NAME	SLEEK, HARRY T.
STREET ADDRESS	6775 LOGO VISTA TERRACE
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	VPTS
NAME	HOYOS, JEFFREY
STREET ADDRESS	1686 CORAL TERRACE
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068
TITLE	VPSP
NAME	WEST, ALFRED, G
STREET ADDRESS	242 N.W. 86TH TERRACE
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Elliot M. Wiener	
1.3 STREET ADDRESS	7777 Glades Rd St 410	
1.4 CITY-ST-ZIP	Boca Raton FL 33434	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	Tom Damiano	
2.3 STREET ADDRESS	7777 Glades Rd St 410	
2.4 CITY-ST-ZIP	Boca Raton FL 33434	
3.1 TITLE	V	☒ Change ☐ Addition
3.2 NAME	Harry T. Slek	
3.3 STREET ADDRESS	7777 Glades Rd St 410	
3.4 CITY-ST-ZIP	Boca Raton FL 33434	
4.1 TITLE	VPTS	☒ Change ☐ Addition
4.2 NAME	Jeffrey Hoyos	
4.3 STREET ADDRESS	7777 Glades Rd St 410	
4.4 CITY-ST-ZIP	Boca Raton FL 33434	
5.1 TITLE	VPSP	☒ Change ☐ Addition
5.2 NAME	Alfred G. West	
5.3 STREET ADDRESS	7777 Glades Rd St 410	
5.4 CITY-ST-ZIP	Boca Raton FL 33434	
6.1 TITLE	VP	☐ Change ☒ Addition
6.2 NAME	Joel Armstrong	
6.3 STREET ADDRESS	7777 Glades Rd St 410	
6.4 CITY-ST-ZIP	Boca Raton FL 33434	

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 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP Finance

8-10-95

407-482-5100

Jeffrey Hoyos