2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010564

FILED Mar 20, 2009 Secretary of State

Entity Name: CHABAD OUTREACH CENTER OF EMERALD HILLS, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
3250 STIRL	LING RD					
#2 HOLLYWO	OD, FL 33021					
	ailing Address	s:	New Mailir	New Mailing Address:		
3250 STIRL #2 HOLLYWO	LING RD OD, FL 33021					
FEI Number: 20-0505441 FEI Number Applied For() FEI Num			I Number Not Appli	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name a				Address of New Regis	tered Agent:	
SUITE #100 NORTH MI	163RD STREE 0 AMI BEACH, F named entity s of Florida.		se of changing it	s registered office or reg	istered agent, or both,	
		c Signature of Registered Agent		Da	ate	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PTD () ZAKLOS, FISHE 1195 CREECH F NAPLES, FL 34	RD	Title: Name: Address: City-St-Zip:	PTD (X) Change () AVRAHAM, BARASH 3401 N HILLS DR HOLLYWOOD, FL 33021	Addition	
Title: Name: Address: City-St-Zip:	VSD () SCHMERLING, F 3401 N. HILLS D HOLLYWOOD, F	DR .	Title: Name: Address: City-St-Zip:	()Change ()	Addition	
Title: Name: Address: City-St-Zip:	D () BARASH, AVRAH 3401 N HILLS D HOLLYWOOD, F	R	Title: Name: Address: City-St-Zip:	D (X) Change () ZAKLOS, FISHEL 1195 CREECH RD NAPLES, FL 34103	Addition	
Title: Name: Address: City-St-Zip:	STEIN, ERIC P 1820 N.E. 163RI	Delete D STREET #100 EACH, FL 33162	Title: Name: Address: City-St-Zip:	()Change()	Addition	
Title: Name: Address: City-St-Zip:	D () TZVI, TUCHINSK 3170 N 35TH ST HOLLYWOOD, F		Title: Name: Address: City-St-Zip:	()Change ()	Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) YONA, DAVID 2995 LAKEWOOD LN HOLLYWOOD, FL 33021	Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AVRAHAM BARASH PTD 03/20/2009