

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N15243

(1)

1. Corporation Name

EMERALD LAKES PROPERTY OWNERS OF NORTH MIAMI ASSOCIATION, INC.



Principal Place of Business

13165 EMERALD DR.
SUITE 2
NORTH MIAMI FL 33181

Mailing Address

13165 EMERALD DR.
SUITE 2
NORTH MIAMI FL 33181

3. Date Incorporated or Qualified
06/04/1986

3a. Date of Last Report
05/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0028494

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEU, HOWARD M.
12955 BISCAYNE BLVD. #400
N. MIAMI FL 33181

81 Name

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

83

84 City

FL

85 Zip Code

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. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RUSSO, ROSS
STREET ADDRESS 13135 EMERALD DR., #2
CITY-ST-ZIP NORTH MIAMI FL 33181

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME SCULTHOPE, CLAUDIA
STREET ADDRESS 13165 EMERALD DRIVE, #2
CITY-ST-ZIP NORTH MIAMI FL 33181

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME EACH, KENNETH
STREET ADDRESS 13045 EMERALD DRIVE
CITY-ST-ZIP NORTH MIAMI FL 33181

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SCHULTHORPE, RON
STREET ADDRESS 13165 EMERALD DR 2
CITY-ST-ZIP NORTH MIAMI FL

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME KIRKSEY, LEANOR
STREET ADDRESS 16483 N.E. 27 AVENUE
CITY-ST-ZIP NORTH MIAMI BCH. FL

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VT
NAME RUSSO, DARLENE
STREET ADDRESS 13135 EMERALD DR., #2
CITY-ST-ZIP NORTH MIAMI FL 33181

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

Claudia I. Sculthorpe V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 1996
Date

305-895-8955
Daytime Phone #

CR2E037 (12/95)