


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15243** (1)

1. Corporation Name
EMERALD LAKES PROPERTY OWNERS OF NORTH MIAMI ASSOCIATION, INC.

Principal Place of Business 13025 EMERALD DRIVE #5 NORTH MIAMI FL 33181	Mailing Address 13025 EMERALD DRIVE #5 NORTH MIAMI FL 33181
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2. Principal Place of Business 21 13025 EMERALD DR Suite, Apt. #, etc. #5	2a. Mailing Address 26 SAME Suite, Apt. #, etc. SAME
22 NORTH MIAMI FLORIDA City & State	27 SAME City & State
23 33181 Zip	28 DADO Country
24 33181 Zip	25 DADO Country
26 SAME Zip	27 SAME Country
28 SAME Zip	29 SAME Country
30 SAME Zip	31 SAME Country

3. Date Incorporated or Qualified 06/04/1986	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 65-0028494		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAME AGENT
HOWARD M. NEU #400
12995 BISCAYNE BLVD.
MISTAKENLY N. MIAMI FLA.
BLACKED OUT 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, ROSS	1.2 NAME	
STREET ADDRESS	13135 EMERALD DR., #2	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGHTON, CLAUDIA	2.2 NAME	
STREET ADDRESS	10700 EMERALD DRIVE, #2	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EACH, KENNETH	3.2 NAME	
STREET ADDRESS	13045 EMERALD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGHTON, CLAUDIA	4.2 NAME	
STREET ADDRESS	10700 EMERALD DR 2	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKSEY, LEANOR	5.2 NAME	
STREET ADDRESS	10403 N.E. 27 AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BCH. FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, DARLENE	6.2 NAME	
STREET ADDRESS	13135 EMERALD DR., #2	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181	6.4 CITY-ST-ZIP	

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KIRKSEY, LEANOR	
5.3 STREET ADDRESS	13035 EMERALD DR	
5.4 CITY-ST-ZIP	N MIAMI FL 33181	
6.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RUSSO, DARLENE	
6.3 STREET ADDRESS	13135 EMERALD DR	
6.4 CITY-ST-ZIP	N. MIAMI FLA 33181	

14. I hereby certify that the information supplied with this filing 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: **ROSS RUSSO JR.** **PRESIDENT** **V3/1/98 13058933268**

CR2E037 (10/97)