

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 # **N21065**

COUNTRY HOMES AT EMERALD FOREST HOMEOWNERS' ASSOCIATION INC.

Principal Place of Business: 4000 S. 57th Avenue, Suite 101, Lake Worth, Florida 33463
Mailing Address: 4000 S. 57th Avenue, Suite 101, Lake Worth, FL 33463

3. Date Incorporated or Qualified: 6/9/1987
3a. Date of Last Report: 6/30/95
4. FEI Number: 65-0056856
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$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 (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent
Allan Ziker
13300 Opal Lane
Wellington, FL 33414

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: *Allan Ziker* PRESIDENT DATE: 6/5/96

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P - D Allan Ziker
1.3 STREET ADDRESS	13300 Opal Lane
1.4 CITY-ST-ZIP	Wellington, FL 33414
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1st VP - D Rocky Armento
2.3 STREET ADDRESS	13289 Emerald View Ct.
2.4 CITY-ST-ZIP	Wellington, FL 33414
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	2nd VP - D Richard Sommers
3.3 STREET ADDRESS	1560 Lake Breeze Dr.
3.4 CITY-ST-ZIP	Wellington, FL 33414
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S Robert Miller
4.3 STREET ADDRESS	13274 Blue Diamond Place
4.4 CITY-ST-ZIP	Wellington, FL 33414
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T Lori Rajenski
5.3 STREET ADDRESS	1027 Avery Road
5.4 CITY-ST-ZIP	Wellington, FL 33414
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100001896251
6.3 STREET ADDRESS	-07/17/96--01028--044
6.4 CITY-ST-ZIP	***61.25

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 as an attachment with an address.

SIGNATURE: *Allan Ziker* PRESIDENT DATE: 6/5/96 (407) 795-2813

CR2E037 (12/95)