2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N21065

Entity Name: COUNTRY HOMES AT EMERALD FOREST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4000 S 57TH AVENUE
S101
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

4000 S 57TH AVENUE
S101
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 65-0056856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIKER, ALLAN
13300 OPAL LANE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: ZIKER, ALLAN,
Address: 13300 OPAL LANE
City-St-Zip: WELLINGTON, FL 33414

Title: SD ( ) Delete
Name: ISOLA, JOHN
Address: 1085 AVIARY RD
City-St-Zip: WELLINGTON, FL 33414

Title: TD ( ) Delete
Name: DUGRE, ROBERT
Address: 1368 LAKE BREEZE DR
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: DEVLIN, GERALD
Address: 13289 EMERALD VIEW COURT
City-St-Zip: WELLINGTON, FL 33414

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: ALAN ZIKER P 02/27/2009

Electronic Signature of Signing Officer or Director Date