

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 10:27

DOCUMENT # N21067 (6)

1. Corporation Name
ESTATE HOMES AT EMERALD FOREST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4000 S 57TH AVE STE 101 LAKE WORTH FL 33463 US	4000 S 57TH AVE STE 101 LAKE WORTH FL 33463 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/09/1987	3a. Date of Last Report 04/26/1994
4. FEI Number 65-0056906	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address		
21	2b		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**MURPHY, DORIS
1040 SWEETBRIAR PLACE
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KORNBLUM, ARNOLD
STREET ADDRESS	1060 LAKE BREEZE DRIVE
CITY - ST - ZIP	WELLINGTON FL
TITLE	VD
NAME	SACKS, STEVE
STREET ADDRESS	1224 COLUMBINE PLACE
CITY - ST - ZIP	WELLINGTON FL
TITLE	TD
NAME	RUSNAK, EDWARD
STREET ADDRESS	1055 LAKE BREEZE DRIVE
CITY - ST - ZIP	WELLINGTON FL
TITLE	SD
NAME	MURPHY, DORIS
STREET ADDRESS	1040 SWEETBRIAR PLACE
CITY - ST - ZIP	WELLINGTON FL
TITLE	D
NAME	MCNALLY, JOHN
STREET ADDRESS	1216 LAKE BREEZE DR
CITY - ST - ZIP	WELLINGTON FL
TITLE	D
NAME	MCCALL, KAREN
STREET ADDRESS	1212 COLUMBINE PLACE
CITY - ST - ZIP	WELLINGTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Betsy Radassao
63 STREET ADDRESS	1031 Lake Breeze Drive
64 CITY - ST - ZIP	Wellington FL 33414

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 my address.

SIGNATURE: *Arnold Kornblum* Date: 6/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)