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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N21067 (6)

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



Principal Place of Business Mailing Address
4000 S 57TH AVE 4000 S 57TH AVE
STE 101 STE 101
LAKE WORTH FL 33463 LAKE WORTH FL 33463-4396
US US

3. Date Incorporated or Qualified 06/09/1987 3a. Date of Last Report 06/12/1996

2. Principal Place of Business 2a. Mailing Address
21 2994 Jog Rd. 26 2994 Jog Rd.

4. FEI Number 65-0056906 Applied For Not Applicable

22 STE B 27 STE B

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Greenacres FL 28 Greenacres FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33467 25 USA 29 33467 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, DORIS
1040 SWEETBRIAR PLACE
WELLINGTON FL 33414

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 *Doris Dawn Murphy* 4/18/97
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SACKS, STEVE	
STREET ADDRESS	1224 COLUMBINE PLACE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DONGILLA, TOM	
STREET ADDRESS	1234 SNOW BELL PLACE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BERGER, BRAD	
STREET ADDRESS	1319 LAKE BREEZE DRIVE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KORN BLUM, ARNIE	
STREET ADDRESS	1060 LAKE BREEZE DRIVE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOUDELKA, JOHN	
STREET ADDRESS	1303 LAKE BREEZE DR	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRIORE, TERRI	
STREET ADDRESS	1063 LAKE BREEZE DRIVE	
CITY-ST-ZIP	WELLINGTON FL	

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 checked="" type="checkbox"/> Addition
2.2 NAME	VP Terri Priore
2.3 STREET ADDRESS	1063 Lake Breeze Dr.
2.4 CITY-ST-ZIP	Wellington, FL 33414
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD Dave Wakeman
3.3 STREET ADDRESS	1223 Columbine Place
3.4 CITY-ST-ZIP	Wellington, FL 33414
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S Steve Lerner
4.3 STREET ADDRESS	1016 Lake Breezw Dr.
4.4 CITY-ST-ZIP	Wellington, FL 33414
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Larry Polinger
6.3 STREET ADDRESS	1120 Lake Breeze Dr.
6.4 CITY-ST-ZIP	Wellington, FL 33414

14. I do 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.

CR2E037 (9/96)

ADDITIONAL BOARD MEMBERS FOR:

ESTATE HOMES AT EMERALD FOREST HOMEOWNERS ASSOCIATION, INC.
FEI- Number 65-0056906

Director
Doris Murphy
1040 Sweetbriar Place
Wellington, FL 33414