

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

0054560

**DOCUMENT # N21067**

1. Entity Name

**ESTATE HOMES AT EMERALD FOREST HOMEOWNERS' ASSOC**

04-27-2001 90350 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2994 JOG RD.  
 STE. B  
 GREENACRES FL 33467  
 US

2994 JOG RD.  
 STE. B  
 GREENACRES FL 33467  
 US

000036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0056906

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GERISH, RICHARD  
 2994 JOG RD.  
 STE B  
 GREENACRES FL 33467

7. Name and Address of New Registered Agent

Name *Vicki R Gerrish*  
 Street Address (P.O. Box Number is Not Acceptable)  
*910 Cmc Mgt, Inc*  
*2994 Jog Road Suite B*  
 City *Greenacres* FL Zip Code *33467*

8. 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

*Vicki R Gerrish*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*April 18, 2001*

DATE

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, BARBARA 1024 LAKE BREEZE DR WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUCCI, ANTHONY 1231 LAKE BREEZE DR. WELLINGTON FL 38414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROLPH, ALLISON 1327 LAKE BREEZE DR. WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LERNER, STEVE 1016 LAKE BREEZW DR. WELLINGTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARKS, ALAN 1185 WILD CHERRY LANE WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASTIAN, JIM 999 LAKE BREEZE DR WELLINGTON FL 33414	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rev. George Hooper 984 Lake Breeze DR. Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Selwyn 1192 Lake Breeze DR Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Stefan M. Heum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)