
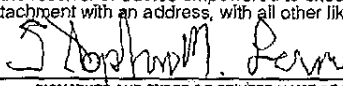


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**APR 04 2005 08:00 AM**  
**FL Secretary of State**  
BY: \_\_\_\_\_

<b>DOCUMENT # N21067</b> 1. Entity Name ESTATE HOMES AT EMERALD FOREST HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2994 JOG RD. STE. B GREENACRES FL 33467 US		Mailing Address 2994 JOG RD. STE. B GREENACRES FL 33467 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GERRISH, SCOT A C/O CMC MGMT INC 2994 JAG RD, STE B GREENACRES FL 33467				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALLANTINE, LISA		NAME		
STREET ADDRESS	1103 LAKE BREEZE DR.		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLAIG, ERIC		NAME		
STREET ADDRESS	1127 LAKE BREEZE DR.		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELEY, JOHN		NAME		
STREET ADDRESS	1352 LAKE BREEZE DR.		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LERNER, STEVE		NAME		
STREET ADDRESS	1016 LAKE BREEZE DR.		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKS, ALAN		NAME		
STREET ADDRESS	1185 WILD CHERRY LANE		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PESATURO, ARTHUR		NAME		
STREET ADDRESS	1015 LAKE BREEZE DR		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: 			3/31/05 (541) 795-6080 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0056906** Applied For  Not Applicable

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

U00000288266  
04/05/05-80003-003 61.25