


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90029 006 ****61.25

DOCUMENT # N21067	
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
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400503



2. Principal Place of Business 4000 So 57th Ave. Suite, Apt. #, etc. #101	3. Mailing Address PO Box 5509 Suite, Apt. #, etc.
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01312006 Chg-NP CR2E037 (11/05)

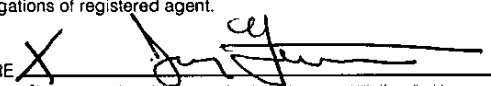
City & State LAKE WORTH, FL	City & State LAKE WORTH FL	4. FEI Number 65-0056906	Applied For Not Applicable
Zip 33463	Country USA	Zip 33466	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
GERRISH, SCOT A C/O CMC MGMT INC 2994 JAG RD, STE B GREENACRES, FL 33467

7. Name and Address of New Registered Agent
Name Jenny Marow
Street Address (P.O. Box Number is Not Acceptable) 4000 So. 57th Ave. #101
City LAKE WORTH FL Zip Code 33463

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 X  (NOTE: Registered Agent signature required when reinstating)

DATE 2/3/06

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CL BALLANTINE, LISA 1103 LAKE BREEZE DR. WELLINGTON, FL 33414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLAIG, ERIC 1127 LAKE BREEZE DR. WELLINGTON, FL 33414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELEY, JOHN 1352 LAKE BREEZE DR. WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LERNER, STEVE 1016 LAKE BREEZE 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	VPD PESATURO, ARTHUR 1015 LAKE BREEZE DR WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
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 exemptions contained 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 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: X  2/14/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #