## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 06, 2008 8:00 am Secretary of State

03-06-2008 90049 038 \*\*\*\*61 25

DOCUMENT # N21067  1. Entity Name ESTATE HOMES AT EMERALD FOREST HOMEOWNERS'					03-06-2008 90049 038 ****61.25			
ASSOCIATION, INC.	ALD FOREST HOM	EOWNERS.						
Principal Place of Business 4000 S 57TH AVE # 101	Mailing Addr 4000 S 57 # 101		<u> </u>					
LAKE WORTH, FL 33463 US		TH, FL 33463	US					
2. Principal Place of Business - No P.O. I	Box # 3. Mailing Ad	dress					<b>                                    </b>	
Suite, Apt. #, etc.	Suite, Ap	t. #, etc.		01152008	Chg-NP	CR2E037 (12	(06)	
City & State	City & Sta	nte		4. FEI Number 65-0056			Applied For Not Applicable	
Zip Country	Zip	Co	ountry	5. Certificate of	of Status Desired		5 Additional equired	
6. Name and Address of Current Registered Agent								
FLATOW, JERRY			Name Street Address (P.O. Box Number is Not Acceptable)					
4000 S 57TH AVE, # 101 LAKE WORTH, FL 33463			Street Add		is Not Acceptable	= ;		
			City			FL Zir	Code	
The above named entity submits this state obligations of registered agent.	tatement for the purpose of	changing its registe	ered office or re	egistered agent, or both	, in the State of Flo		with, and accept	
SIGNATURE Signature, typed or printed name of re	gistered agent and title if applicable.	(NOTE: Register	red Agent signature	required when reinstating)		DATE	·	
Filing Fee is \$61.25 Due by May 1, 2008		Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	500000000000000000000000000000000000000	lake check paya ida Department		
	RS AND DIRECTORS				NGES TO OFFICE	RS AND DIRECTO		
NAME MURPHY, DORTS	Ц			D GIELET, BY	1A s.£	Ch	ange Addition	
STREET ADDRESS 1040 LAKE BREEZE D	R		REET ADDRESS	bos LAKE	3neere	Dr.		
CITY-ST-ZIP WELLINGTON, FL 334	•	сп		4 EU NO TO		33414		
TITLE & V.P.			ILE C	)	<del></del>	☐ Ch	ange Addition	
NAME OCONNOR, DUANE STREET ADDRESS 1191 LAKE BREEZE D	<b>B</b>		REET ADDRESS	TANTER, JA	<b>1</b>	محاديا ما ال	_	
CITY-ST-ZIP WELLINGTON, FL 334				MECLINGTON				
TITLE PLEKNER	-				U 15 L /	रस्याप		
NAME LEGINUS FRANCES	L		TLE S	3		<u>33414</u> _□.ºº	ange Addition	
NAME LERNIR, FRANCES STREET ADDRESS 1016 LAKE BREEZW E		NA.	TLE S	S ARTEM B	ETÓLE	Ch	ange Addition	
1	DR.	NA Sti	TLE  ME  REET ADDRESS	3	EDDIE	Ch	ange Addition	
STREET ADDRESS CHIY-ST-ZIP WELLINGTON, FL 334	DR. 114	NA STI CIT	TLE SOME STATE OF THE STATE OF	SARTERY B	EDDIE	LANE		
STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 334 TITLE T NAME MARKS, ALAN	DR. 114	NA STI CIT III NA	TLE STATE ST	SARTERY B	EDDIE		,	
STREET ADDRESS CHIY-ST-ZIP WELLINGTON, FL 334	DR. 114 C	NA STI	TLE SOME STATE OF THE STATE OF	SARTERY B	EDDIE		,	
STREET ADDRESS  CITY-ST-ZIP  WELLINGTON, FL 334  TITLE  T  NAME  MARKS, ALAN  STREET ADDRESS  1185 WILD CHERRY L.	OR. 114 C ANE 114	NA STI	TLE  CME  REET ADDRESS  IY-ST-ZIP  TLE  MME  REET ADDRESS  IY-ST-ZIP	SARTERY B	EDDIE		ange 🔲 Addition	
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(2.) 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/19/08

561-969-270