

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90081 007 \*\*\*\*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**

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

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERRISH, VICKI R  
C/O CMC MGMT INC  
2994 JAG RD, STE B  
GREENACRES FL 33467**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

*Vicki R Gerrish*

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

(NOTE: Registered Agent signature required when reinstating)

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	POWERS, BARBARA	1024 LAKE BREEZE DR	WELLINGTON FL 33414	<input checked="" type="checkbox"/>
SD	HOOPER, REV. GEORGE	984 LAKE BREEZE DR	WELLINGTON FL 33414	<input type="checkbox"/>
D	MROEZEK, JEFFREY	1064 WILD CHERRY LANE	WELLINGTON FL 33414	<input checked="" type="checkbox"/>
P	LERNER, STEVE	1016 LAKE BREEZW DR.	WELLINGTON FL	<input type="checkbox"/>
T	MARKS, ALAN	1185 WILD CHERRY LANE	WELLINGTON FL 33414	<input type="checkbox"/>
VPD	PESATURO, ARTHUR	1015 LAKE BREEZE DR	WELLINGTON FL 33414	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Community Liaison	1103 LAKE BREEZE DR	WELLINGTON, FL 33414	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Community Liaison	1240 LAKE BREEZE DR.	WELLINGTON, FL 33414	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *SIGNATURE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)