

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Worham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 15 AM 10: 27

**DOCUMENT # N21096 (5)**  
1. Corporation Name

**EMERALD FOREST ROAD ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

|  |         |   |         |  |                                |
|--|---------|---|---------|--|--------------------------------|
| Principal Place of Business                                    |         | Mailing Address   |         | 3. Date Incorporated or Qualified                      | 3a. Date of Last Report        |
| 4000 S 57TH AVE<br>SUITE 101<br>LAKE WORTH FL 33463<br>US      |         | 4000 S 57TH AVE<br>SUITE 101<br>LAKE WORTH FL 33463<br>US |         | 06/10/1987   | 04/18/1994                     |
| 2. Principal Place of Business                                 |         | 2a. Mailing Address                                       |         | 4. FBI Number  | Applied For                    |
| 21   |         | 26  |         | 65-0056879   | Not Applicable                 |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.                                       |         | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required |
| 22   |         | 27  |         | <input type="checkbox"/>                               | <input type="checkbox"/>       |
| City & State   |         | City & State  |         | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees    |
| 23   |         | 28  |         | <input type="checkbox"/>                               | <input type="checkbox"/>       |
| Zip  | Country | Zip   | Country | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status      | <b>FILING FEE IS \$61.25</b>   |
| 24   | 25      | 29  | 30      | <input type="checkbox"/>                               | <input type="checkbox"/>       |
| 9. Name and Address of Current Registered Agent                |         |   |         | 10. Name and Address of New Registered Agent           |                                |
| FROST, TERRY<br>1037 MOURNING DOVE LANE<br>WELLINGTON FL 33414 |         |   |         | 81 Name  |                                |
|  |         |   |         | 82 Street Address (P.O. Box Number is Not Acceptable)  |                                |
|  |         |   |         | 83   |                                |
|  |         |   |         | 84 City  |                                |
|  |         | FL  |         | 85   | Zip Code                       |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------|---|--|
| TITLE                      | P                       | 1 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | KORNBLUM, ARNOLD        | 1 2 NAME  |  |
| STREET ADDRESS             | 1016 LAKE BREEZE DR     | 1 3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | WELLINGTON FL           | 1 4 CITY - ST - ZIP                                   |  |
| TITLE                      | V                       | 2 1 TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SACKS, STEPHEN          | 2 2 NAME  |  |
| STREET ADDRESS             | 1224 COLUMBINE PLACE    | 2 3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | WELLINGTON FL           | 2 4 CITY - ST - ZIP                                   |  |
| TITLE                      | S                       | 3 1 TITLE   | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FROST, TERRY            | 3 2 NAME  | Mike Sabol   |
| STREET ADDRESS             | 1037 MOURNING DOVE LANE | 3 3 STREET ADDRESS                                    | 13175 B Quiet Woods Road   |
| CITY - ST - ZIP            | WELLINGTON FL           | 3 4 CITY - ST - ZIP                                   | Wellington FL 33414  |
| TITLE                      | T                       | 4 1 TITLE   | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BARNETT, MARY           | 4 2 NAME  | Terry Frost  |
| STREET ADDRESS             | 13130 PURSLANE TERRACE  | 4 3 STREET ADDRESS                                    | 1037 Mourning Dove Lane  |
| CITY - ST - ZIP            | WELLINGTON FL           | 4 4 CITY - ST - ZIP                                   | Wellington FL 33414  |
| TITLE                      |                         | 5 1 TITLE   | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                         | 5 2 NAME  | Betty Pierson  |
| STREET ADDRESS             |                         | 5 3 STREET ADDRESS                                    | 13097 A Quiet Woods Road   |
| CITY - ST - ZIP            |                         | 5 4 CITY - ST - ZIP                                   | Wellington FL 33414  |
| TITLE                      |                         | 6 1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                         | 6 2 NAME  | John McNally   |
| STREET ADDRESS             |                         | 6 3 STREET ADDRESS                                    | 1216 Lake Breeze Drive   |
| CITY - ST - ZIP            |                         | 6 4 CITY - ST - ZIP                                   | Wellington FL 33414  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 6/13/95 (407) 969-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)

N21096

Item 13. Additional Listing

D (Addition)  
Marie Wilkins  
1026 Aviary Road  
Wellington FL 33414

D (Addition)  
Scott Lobdell  
1182 Aviary Road  
Wellington FL 33414

D (Addition)  
Roy Bubolz  
13176 A Quiet Woods Road  
Wellington FL 33414