

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

1-2

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N21096 (5)**

1. Corporation Name  
**EMERALD FOREST ROAD ASSOCIATION, INC.**



Principal Place of Business  
**4000 S 57TH AVE SUITE 101 LAKE WORTH FL 33463 US**

Mailing Address  
**4000 S 57TH AVE SUITE 101 LAKE WORTH FL 33463 US**

3. Date Incorporated or Qualified: **06/10/1987**  
 3a. Date of Last Report: **06/16/1995**  
 4. FEI Number: **65-0056879**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

9. Name and Address of Current Registered Agent  
**FROST, TERRY  
 1037 MOURNING DOVE LANE  
 WELLINGTON FL 33414**

10. Name and Address of New Registered Agent  
 81 Name: **JERRY FLATOW**  
 82 Street Address (P.O. Box Number is Not Acceptable): **4000 S 57TH AVE SUITE 101**  
 83 City: **LAKEWORTH FL. 33463**  
 84 City: **FL** 85 Zip Code: **33463**

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: *[Signature]* DATE: **4/17/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>D</b>
NAME	<b>KORNBLUM, ARNOLD</b>	1.2 NAME	<b>Kornblum, Arnold</b>
STREET ADDRESS	<b>1016 LAKE BREEZE DR</b>	1.3 STREET ADDRESS	<b>1016 Lake Breeze Dr.</b>
CITY-ST-ZIP	<b>WELLINGTON FL</b>	1.4 CITY-ST-ZIP	<b>Wellington, FL</b>
TITLE	<b>D</b>	2.1 TITLE	<b>V</b>
NAME	<b>SACKS, STEPHEN</b>	2.2 NAME	<b>WALLAN ZIKER</b>
STREET ADDRESS	<b>1224 COLUMBINE PLACE</b>	2.3 STREET ADDRESS	<b>3300 Opal Lane.</b>
CITY-ST-ZIP	<b>WELLINGTON FL</b>	2.4 CITY-ST-ZIP	<b>Wellington, FL 33414</b>
TITLE	<b>S</b>	3.1 TITLE	<b>S</b>
NAME	<b>SABOL, MIKE</b>	3.2 NAME	<b>Songillo, Thomas</b>
STREET ADDRESS	<b>13175 B QUIET WOODS ROAD</b>	3.3 STREET ADDRESS	<b>1238 Snowbell Place</b>
CITY-ST-ZIP	<b>WELLINGTON FL</b>	3.4 CITY-ST-ZIP	<b>Wellington, FL</b>
TITLE	<b>T</b>	4.1 TITLE	<b>T</b>
NAME	<b>FROST, TERRY</b>	4.2 NAME	<b>Richard Sommers</b>
STREET ADDRESS	<b>1037 MOURNING DOVE LANE</b>	4.3 STREET ADDRESS	<b>1560 Lake Breeze Drive</b>
CITY-ST-ZIP	<b>WELLINGTON FL</b>	4.4 CITY-ST-ZIP	<b>Wellington, FL</b>
TITLE	<b>V</b>	5.1 TITLE	<b>P</b>
NAME	<b>PIERSON, BETTY</b>	5.2 NAME	<b>Piercon, Betty</b>
STREET ADDRESS	<b>13097 A QUIET WOODS ROAD</b>	5.3 STREET ADDRESS	<b>13097A Quiet Woods Road</b>
CITY-ST-ZIP	<b>WELLINGTON FL</b>	5.4 CITY-ST-ZIP	<b>Wellington</b>
TITLE	<b>D</b>	6.1 TITLE	<b>D</b>
NAME	<b>MCNALLY, JOHN</b>	6.2 NAME	<b>Bwoetz, Roy</b>
STREET ADDRESS	<b>1216 LAKE BREEZE DRIVE</b>	6.3 STREET ADDRESS	<b>13176A Quiet Woods Road</b>
CITY-ST-ZIP	<b>WELLINGTON FL</b>	6.4 CITY-ST-ZIP	<b>Wellington</b>

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]* DATE: **4/17/96** DAYTIME PHONE #: **407 790-2414**

CR2E037 (3/96)

VP

Addition

Ziker, Al  
3300 Spal Lane  
Wellington, FL

D

Addition

Gagne, Steve  
13182 A Quiet Woods Road  
Wellington, FL

D

Addition

Armento, Rocky  
13289 Emerald View Ct.  
Wellington, FL