

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N21096 (5)

1. Corporation Name

EMERALD FOREST ROAD ASSOCIATION, INC.



Principal Place of Business

Mailing Address

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

4000 S 57TH AVE
SUITE 101
LAKE WORTH FL 33463-4396
US

3. Date Incorporated or Qualified
06/10/1987

3a. Date of Last Report
06/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLATON, JERRY
4000 SOUTH 57 AVENUE, SUITE 101
WELLINGTON FL 33414

61 Name
ALLAN ZIKER

62 Street Address (P.O. Box Number is Not Acceptable)
13300 OPAL LANE

63 WELLINGTON, FLORIDA

64 City

FL 65 Zip Code
33414

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* ALLAN ZIKER JAN 10, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KORNBLUM, ARNOLD	
STREET ADDRESS	1016 LAKE BREEZE DR	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ZIKER, ALLEN	
STREET ADDRESS	3300 OPAL LANE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DONGILLO, THOMAS	
STREET ADDRESS	1234 SNOWBELL PLACE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SOMMERS, RICHARD	
STREET ADDRESS	1560 LAKE BREEZE DRIVE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PIERSON, BETTY	
STREET ADDRESS	13097 A QUIET WOODS ROAD	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BVOOLZ, ROY	
STREET ADDRESS	1317A QUIET WOODS ROAD	
CITY-ST-ZIP	WELLINGTON FL	

1.1 TITLE	P/D ZIKER ALLAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	13300 OPAL LANE	
1.3 STREET ADDRESS	WELLINGTON, FL	
1.4 CITY-ST-ZIP	33414	
2.1 TITLE	V/P/D STEVE GANE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	13182 A QUIET WOODS ROAD	
2.3 STREET ADDRESS	WELLINGTON FL.	
2.4 CITY-ST-ZIP	33414	
3.1 TITLE	S LORI PAJENSKI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1027 AVIARY ROAD	
3.3 STREET ADDRESS	WELLINGTON FL.	
3.4 CITY-ST-ZIP	33414	
4.1 TITLE	T STEVE SACKS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	1224 COLUMBUS PL.	
4.3 STREET ADDRESS	WELLINGTON FL.	
4.4 CITY-ST-ZIP	33414	
5.1 TITLE	P/V/P/D RICHARD SOMMERS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	1560 LAKE BREEZE DR.	
5.3 STREET ADDRESS	WELLINGTON FL.	
5.4 CITY-ST-ZIP	33414	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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, in an attachment with an address.

SIGNATURE: *[Signature]* ALLAN ZIKER 1/10/97 (561) 795-2313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043867

CR2E037 (9/96)