

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 23, 2001 8:00 am
Secretary of State

04-24-2001 90334 011 ****61.25

DOCUMENT # N21096

1. Entity Name

EMERALD FOREST ROAD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2994 JOG RD., SUITE B
 GREENACRES FL 33467
 US

2994 JOG RD., SUITE 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

65-0056879

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLAN ZIKER
 13300 OPAL LANE
 WELLINGTON FL 33414

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZIKER ALLAN	
STREET ADDRESS	13300 OPAL LANE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LERNER, STEVE	
STREET ADDRESS	1016 LAKE BREEZE DR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCALL, JACK	
STREET ADDRESS	13116 A QUIETWOOD RD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	RICHARD SOMMERS	
STREET ADDRESS	1580 LAKE BREEZE DR.	
CITY-ST-ZIP	WELLINGTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 information.

SIGNATURE:

[Handwritten Signature]

3/27/01

(561) 795-2313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)