


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**RECEIVED**  
**Apr 04, 2005 10:00 AM**  
**Secretary of State**  
BY:

<b>DOCUMENT # N21096</b> 1. Entity Name EMERALD FOREST ROAD ASSOCIATION, INC.	
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Principal Place of Business 2994 JOG RD., SUITE B GREENACRES FL 33467 US	Mailing Address 2994 JOG RD., SUITE B GREENACRES FL 33467 US
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip      Country	City & State  Zip      Country
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1st MOORE      CR2E037 (10/04)

<b>6. Name and Address of Current Registered Agent</b>  ALLAN ZIKER 13300 OPAL LANE WELLINGTON FL 33414	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P. O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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4. FEI Number <b>65-0056879</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	TD ZIKER ALLAN <input type="checkbox"/> Delete 13300 OPAL LANE WELLINGTON FL 33414
TITLE	PD LERNER, STEVE <input type="checkbox"/> Delete 1016 LAKE BREEZE DR WELLINGTON FL 33414
TITLE	VPD SMITH, LINDA <input type="checkbox"/> Delete 13100 BLUE SWALLOW DRIVE WELLINGTON FL 33414
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L00000288270
STREET ADDRESS	04/05/05-80003-007 61.25
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report of 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: Stephen M. Farrow      3/31/05 (25) 95-6085  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #