

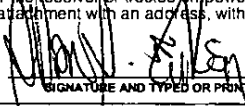


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90410 019 ****61.25

DOCUMENT # N21096 1. Entity Name EMERALD FOREST ROAD ASSOCIATION, INC.					
Principal Place of Business 4000 S 57 AVE 101 GREENACRES, FL 33467 US 33463			Mailing Address P.O. BOX 5509 4000 S 57th #101 LAKE WORTH, FL 33466 US 33463		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 4000 S. 57th AVE #101			
City & State		City & State LAKE WORTH FL			
Zip 33463		Zip 33463			
Country PA		Country BOACH		4. FEI Number 65-0056879	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ALLAN ZIKER 13300 OPAL LANE WELLINGTON, FL 33414				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE P NAME ZIKER ALLAN <input type="checkbox"/> Delete STREET ADDRESS 13300 OPAL LANE CITY-ST-ZIP WELLINGTON, FL 33414		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE VP NAME LERNER, FRAN <input type="checkbox"/> Delete STREET ADDRESS 1016 LAKE BREEZE DR CITY-ST-ZIP WELLINGTON, FL 33414		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE T NAME MARKS, ALAN <input type="checkbox"/> Delete STREET ADDRESS 1185 WILD CHERRY LN CITY-ST-ZIP WELLINGTON, FL 33414		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 exemptions contained in Chapter 119, 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 117, 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:  ALLAN A ZIKER PRESIDENT 4/18/08 561-969-2700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					