FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001161 (9)

1. Corporation Name

EMERALD HILLS HOMEOWNER'S ASSOCIATION OF HOLLYWOOD, INC.

Principal Place of Business	Mailing Address
125 NORTH 46TH AVENUE HOLLYWOOD FL 33021	125 NORTH 46TH AVENUE HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1993
3a. Date of Last Report: 03/15/1994
4. FEI Number: 65-0405589 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOTTLIEB, KENNETH A
125 NORTH 46TH AVENUE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	Treasurer / Director	☐ Change ☐ Addition
NAME	LONDON, TRINA	1.2 NAME	Stephen E. Rose	
STREET ADDRESS	P.O BOX 7534 N/A	1.3 STREET ADDRESS	911 St Andrews Rd	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Hollywood FL 33021	
TITLE	DVP	2.1 TITLE	Secretary / Director	☐ Change ☐ Addition
NAME	SHAIR, ROBERT	2.2 NAME	Lenora Lehuchla	
STREET ADDRESS	P O BOX 7534	2.3 STREET ADDRESS	5131 N. 37 St	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	Hollywood FL 33021	
TITLE	DS	3.1 TITLE		☐ Change ☐ Addition
NAME	SOLOMON, DON	3.2 NAME		
STREET ADDRESS	P O BOX 7534	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE	DS	☐ Change ☐ Addition
NAME	ABRAHAM, MARTY	4.2 NAME	Robert Hard	
STREET ADDRESS	P O BOX 7534	4.3 STREET ADDRESS	PO Box 7534	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	Hollywood FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen E. Rose Treasurer 4/15/95 305-576-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036102