

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000001161 (9)

1. Corporation Name

EMERALD HILLS HOMEOWNER'S ASSOCIATION OF HOLLYWOOD, INC.

Principal Place of Business

125 NORTH 46TH AVENUE
HOLLYWOOD FL 33021

Mailing Address

125 NORTH 46TH AVENUE
HOLLYWOOD FL 33021



3. Date Incorporated or Qualified

03/08/1993

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LONDON, TRINA	
STREET ADDRESS	P O BOX 7534 N/A	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SHAIR, ROBERT	
STREET ADDRESS	P O BOX 7534	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROSE, STEPHEN E	
STREET ADDRESS	911 ST ANDREWS RD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HAND, ROBERT	
STREET ADDRESS	P O BOX 7534	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHURCHLA, LENORA	
STREET ADDRESS	5131 N 37TH ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	CHURCHLA, LENORA
2.4 CITY-ST-ZIP	5131 N 37TH ST HOLLYWOOD, FL 33021
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREASURER
3.3 STREET ADDRESS	KLEIN, DANIEL S
3.4 CITY-ST-ZIP	4408 SARAZEN DR HOLLYWOOD, FL 33021
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RECORDING SECRETARY
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CORRESPONDENCE SECRETARY
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800001753788
6.3 STREET ADDRESS	-03/22/96--01012--033
6.4 CITY-ST-ZIP	***530.00

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)(k), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 5, 1996

954-966-6605

CR2E037 (12/95)