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Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33021-6601**



3. Date Incorporated or Qualified
03/08/1993

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0405589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOTTLIEB, 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LONDON, TRINA	
STREET ADDRESS	P O BOX 7534 N/A	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KLRIN, DANIEL	
STREET ADDRESS	408 SARZEN DR	
CITY-ST-ZIP	HOLLYWOOD FL 33061	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROSE, STEPHEN E	
STREET ADDRESS	811 ST ANDREWS RD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	RC	<input checked="" type="checkbox"/> DELETE
NAME	HAND, ROBERT	
STREET ADDRESS	P O BOX 7534	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VPCS	<input checked="" 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		

13.

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lenora Churchla	
1.3 STREET ADDRESS	5131 N 37 St.	
1.4 CITY-ST-ZIP	Hwd. FL 33021	
2.1 TITLE	VP/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Martin Zeller	
2.3 STREET ADDRESS	3850 N. 40 Ave.	
2.4 CITY-ST-ZIP	Hwd. FL 33021	
3.1 TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Art Cohen	
3.3 STREET ADDRESS	5141 N. 37 St.	
3.4 CITY-ST-ZIP	Hwd. FL 33021	
4.1 TITLE	Corresponding Sec/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Reid Baker	
4.3 STREET ADDRESS	4936 Sarazen Dr.	
4.4 CITY-ST-ZIP	Hwd. FL 33021	
5.1 TITLE	Recording Sec/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jonathan Goldstein	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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]* DATE **3-3-97** **654911-2422**

CR2E037 (9/96)