

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 125 NORTH 46TH AVENUE HOLLYWOOD FL 33021	Mailing Address 125 NORTH 46TH AVENUE HOLLYWOOD FL 33021
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3. Date Incorporated or Qualified

03/08/1993

4. FEI Number

65-0405589

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHUCHLA, LENORA	
STREET ADDRESS	5131 N. 37TH ST.	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ZELLER, MARTIN	
STREET ADDRESS	3850 N. 40TH AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE	YD	<input type="checkbox"/> DELETE
NAME	COHEN, ART	
STREET ADDRESS	5141 N. 37TH ST.	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE	CSD	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, REID	
STREET ADDRESS	4938 SARAZEN DR.	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSTEIN, JONATHAN	
STREET ADDRESS	5131 N 37TH ST	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Edith Haims
4.3 STREET ADDRESS	2808 N. 46 Ave. #E352
4.4 CITY-ST-ZIP	N.W.D., FL. 33021

5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Trina London
5.3 STREET ADDRESS	4040 N. 43 Ave.
5.4 CITY-ST-ZIP	H.W.D., FL. 33021

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 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

Lenora Chuchla

2-28-98 954-966-2427

CR2E037 (1097)