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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000001161

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



2. Principal Place of Business

21 P.O. Box 2534

Suite, Apt. #, etc.

City & State

23 Hollywood, FL

Zip

24 33081

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 2534

Suite, Apt. #, etc.

City & State

28 Hollywood, FL

Zip

29 33081

Country

30 U.S.A.

3. Date Incorporated or Qualified

03/08/1993

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

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 KENNETH A. WOLIS
82 Street Address (P.O. Box Number is Not Acceptable) 4600 Sheridan St #205
83
84 City Hollywood FL 85 Zip Code 33021

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] KENNETH A. WOLIS

April 14, 1999

(NOTE: Registered Agent signature required when reinstating)

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	TD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, ART	
STREET ADDRESS	5141 N. 37TH ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	CSO	<input type="checkbox"/> DELETE
NAME	HAIMS, EDITH	
STREET ADDRESS	2808 N. 46 AVE. #E352	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	LONDON, TRINA	
STREET ADDRESS	4040 N 43 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
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 checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33021
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33021
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T D WOLIS, KENNETH
3.3 STREET ADDRESS	3620 N. 46 AVE
3.4 CITY-ST-ZIP	Hollywood, FL 33021
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	R'S D BUSHIN, GLADYS
5.3 STREET ADDRESS	3800 N. HILLS DR APT. 314
5.4 CITY-ST-ZIP	HOLLYWOOD, FL
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, with all other like empowered.

SIGNATURE:

[Signature] KENNETH A. WOLIS, 3/20/99 954-963-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)