

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000047604 (0)

1. Corporation Name

EMERALD LAKES OF CLERMONT, INC.



Principal Place of Business

Mailing Address

1401 WEST HIGHWAY #50
CLERMONT FL 32711

1401 WEST HIGHWAY #50
CLERMONT FL 32711

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 8320 W. SUNRISE BLVD.

22 City & State

27 SUITE 203

23 Zip

25 Country

28 PLANTATION, FL

29 33322

30 US

3. Date Incorporated or Qualified

06/19/1995

3a. Date of Last Report

4. FEI Number

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

HOLSTEIN, GERALD K
8320 W. SUNRISE BLVD., SUITE 203
PLANTATION FL 33322

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 607.0507 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

Signature of Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE
NAME	12 NAME
STREET ADDRESS	13 STREET ADDRESS
CITY, ST, ZIP	14 CITY, ST, ZIP
1. TITLE	2.1 TITLE
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY, ST, ZIP	24 CITY, ST, ZIP
1. TITLE	3.1 TITLE
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY, ST, ZIP	34 CITY, ST, ZIP
1. TITLE	4.1 TITLE
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY, ST, ZIP	44 CITY, ST, ZIP
1. TITLE	5.1 TITLE
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY, ST, ZIP	54 CITY, ST, ZIP
1. TITLE	6.1 TITLE
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY, ST, ZIP	64 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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

TREAS.

2/7/96 (954)370-8220

CR2E034 (12/95)