

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21096

**Entity Name:** EMERALD FOREST ROAD ASSOCIATION, INC.

**FILED**  
**Mar 31, 2015**  
**Secretary of State**  
**CC0800404022**

**Current Principal Place of Business:**

C/O C.A.M.S.  
1037 STATE ROAD 7 302  
WELLINGTON, FL 33414

**Current Mailing Address:**

C/O C.A.M.S.  
1037 STATE ROAD 7 302  
WELLINGTON, FL 33414 US

**FEI Number: 65-0056879**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ZIKER, ALAN  
13300 OPAL LANE  
WELLINGTON, FL 33414 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ZIKER, ALAN  
Address 13300 OPAL LANE  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name DUGRE, ROBERT  
Address 1368 LAKE BREEZE DRIVE  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name ISOLA, JOHN  
Address 1085 AVAIRY ROAD  
City-State-Zip: WELLINGTON FL 33414

Title VP  
Name BROWN, JEFF  
Address 122A HONEY TREE LANE  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name SABOL, MIKE  
Address 13175 B QUIET WOODS ROAD  
City-State-Zip: WELLINGTON FL 33414

Title TREASURER  
Name FOURNEY, JOHN  
Address 1352 LAKE BREEZE DR  
City-State-Zip: WELLINGTON FL 33414

Title PRESIDENT  
Name EPSTEIN, BRYAN  
Address 13164 QUIET WOODS ROAD A  
City-State-Zip: WELLINGTON FL 33414

Title SECRETARY  
Name WEBB, DONNA  
Address 1128 LAKE BREEZE DRIVE  
City-State-Zip: WELLINGTON FL 33414

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ALAN ZIKER**

**DIRECTOR**

**03/31/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            EVANS, PATTY  
Address        1144 LAKE BREEZE DR  
City-State-Zip: WELLINGTON FL 33414