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Mar 25 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 # **707686** (2)
1. Corporation Name
EVERGLADES HOUSE CONDOMINIUM APARTMENTS, INC.



Principal Place of Business 2000 SOUTH OCEAN DRIVE FORT LAUDERDALE FL 33316-3813	Mailing Address 2000 SOUTH OCEAN DRIVE FORT LAUDERDALE FL 33316-3804
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/10/1964	3a. Date of Last Report 03/26/1996
21 Suite, Apt. #, etc.	26 Fort Lauderdale, FL	4. FEI Number 59-1108680	Applied For Not Applicable		
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required		
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24 Country	29 33316-3813	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KAYE & ROGER, P.A. C/O ROBERT KAYE 1500 W. CYPRESS CREEK RD., #207 FT. LAUDERDALE FL 33309		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	6261 NW 6th Way
		83 Suite	103
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISER, NANCY	1.2 NAME	POPPER, MELANIE
STREET ADDRESS	2000 S OCEAN DR	1.3 STREET ADDRESS	2000 S. OCEAN DR.
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	VO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BETY	2.2 NAME	FLOEGL, HEINZ
STREET ADDRESS	2000 SOUTH OCEAN DRIVE	2.3 STREET ADDRESS	2000 S. OCEAN DR.
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERIDAN, MARY	3.2 NAME	HOWLEY, DAN
STREET ADDRESS	2000 S OCEAN DR	3.3 STREET ADDRESS	2000 S. OCEAN DR.
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, HELEN	4.2 NAME	FOX, RALPH
STREET ADDRESS	2000 S OCEAN DR	4.3 STREET ADDRESS	2000 S. OCEAN DR.
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGEN, RICHARD	5.2 NAME	JOHNSON, THOMAS
STREET ADDRESS	2000 S OCEAN DR	5.3 STREET ADDRESS	2000 S. OCEAN DR
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATESTIDES, MICHAEL	6.2 NAME	
STREET ADDRESS	2000 S OCEAN DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	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: *Melanie T. Popper* **MELANIE T. POPPER** 3-13-97 954-525-6392
NEWLY APPOINTED OR REAPPOINTED REGISTERED AGENT OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone * 0036405

CR2E037 (9/96)

13.

CHANGES TO OFFICERS AND DIRECTORS IN 12

~~D~~
~~POPPER MELANIE~~
~~2000 S. OCEAN DR~~
~~FT LAUDERDALE FL~~

~~☒ ADDITION~~

D
SCOFIELD AUDREY
2000 S. OCEAN DR
FT LAUDERDALE FL

☒ ADDITION