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Apr 08 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **739938** (9)
1. Corporation Name
EVERGREEN PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business Mailing Address
4225 S.W. BIMINI CIRCLE SOUTH **4225 S.W. BIMINI CIRCLE SOUTH**
PALM CITY FL 34990 **PALM CITY FL 34990**



2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

3. Date Incorporated or Qualified
08/18/1977
4. FEI Number **59-1763656** 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
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

WACKEEN, W. THOMAS, ESQ.
401 E. OSCEOLA STREET
SUITE 102
STUART FL 33494

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 P ☐ DELETE
NAME **DEMAREST, EDWARD**
STREET ADDRESS **5211 SW BIMINI CIR N**
CITY-ST-ZIP **PALM CITY FL**
TITLE VPS ☐ DELETE
NAME **NEILLY, BILL**
STREET ADDRESS **4162 SW BIMINI CIR N**
CITY-ST-ZIP **PALM CITY FL**
TITLE T ☐ DELETE
NAME **ODGERS, BOB**
STREET ADDRESS **3825 BIMINI CIR S**
CITY-ST-ZIP **PALM CITY FL**
TITLE D ☐ DELETE
NAME **FRANK, JANICE**
STREET ADDRESS **3645 SW BIMINI CIRCLE S**
CITY-ST-ZIP **PALM CITY FL**
TITLE D ☐ DELETE
NAME **MOYER, PHILLIP**
STREET ADDRESS **4342 SW BIMINI CIR N**
CITY-ST-ZIP **PALM CITY FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **FRANK, JANICE**
1.3 STREET ADDRESS **3645 SW BIMINI CIRCLE S**
1.4 CITY-ST-ZIP **PALM CITY FL 34990**
2.1 TITLE **VP/D** ☒ Change ☐ Addition
2.2 NAME **CLARY, WALTER**
2.3 STREET ADDRESS **3681 SW BIMINI CIRCLE N**
2.4 CITY-ST-ZIP **PALM CITY FL 34990**
3.1 TITLE **S/D** ☒ Change ☐ Addition
3.2 NAME **MORELLI, ALBERT**
3.3 STREET ADDRESS **4192 SW BIMINI CIRCLE N**
3.4 CITY-ST-ZIP **PALM CITY FL 34990**
4.1 TITLE **T/D** ☒ Change ☐ Addition
4.2 NAME **ODGERS, BOB**
4.3 STREET ADDRESS **3825 BIMINI CIRCLE S**
4.4 CITY-ST-ZIP **PALM CITY FL 34990**
5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **NEILLY, BILL**
5.3 STREET ADDRESS **4162 SW BIMINI CIRCLE N**
5.4 CITY-ST-ZIP **PALM CITY FL 34990**
6.1 TITLE ☐ Change ☐ 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 *Janice A. Frank* **JANICE A. FRANK** 4-1-98 561-220-0609

CR2E037 (10/97)