

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739938

1. Entity Name

EVERGREEN PROPERTY OWNERS ASSOCIATION, INC

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90097 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4225 S.W. BIMINI CIRCLE SOUTH  
PALM CITY FL 34990

4225 S.W. BIMINI CIRCLE SOUTH  
PALM CITY FL 34990-1346

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1763656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, DEBORAH L ESQ.  
401 E. OSCEOLA STREET  
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FRANK, JANIE	
STREET ADDRESS	3645 SW BIMINI CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	CLARY, WALTER	
STREET ADDRESS	3681 SW BIMINI CIRCLE N	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MORELLI, ALBERT	
STREET ADDRESS	4192 BIMINI CIRCLE S	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ODGERS, BOB	
STREET ADDRESS	3825 BIMINI CIRCLE S	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEILLY, BIL	
STREET ADDRESS	4612 SW BIMINI CIRCLE N	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Spanpani, Peter	
STREET ADDRESS	3711 SW BIMINI CIRCLE N.	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FETTA, ED	
STREET ADDRESS	4946 SW BIMINI CIRCLE N.	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	Sgt. Terrence D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mytkowski, Anthony	
STREET ADDRESS	4653 SW Bermuda Way.	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Simpson, Gwendolyn	
STREET ADDRESS	3621 SW BIMINI CIRCLE N.	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holloman, Don	
STREET ADDRESS	4886 SW BIMINI CIRCLE	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/00

561-288-7255

CR2E037 (9/99)