

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90156 037 ****61.25

DOCUMENT # 739938 1. Entity Name EVERGREEN PROPERTY OWNERS ASSOCIATION, INC					
Principal Place of Business 4225 S.W. BIMINI CIRCLE SOUTH PALM CITY, FL 34990			Mailing Address 4225 S.W. BIMINI CIRCLE SOUTH PALM CITY, FL 34990		
2. Principal Place of Business - No P.O. Box # 3218 SW ISLAND WAY Suite, Apt. #, etc.		3. Mailing Address 3218 SW ISLAND WAY Suite, Apt. #, etc.		4. FEI Number 59-2369464	
City & State Palm City FL		City & State Palm City FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34990		Country USA		Zip 34990	
Country USA		6. Name and Address of Current Registered Agent ROSS, DEBORAH L ESQ. 401 E. OSCEOLA STREET STUART, FL 34994			
7. Name and Address of New Registered Agent Name DEBORAH ROSS, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 759 SOUTH FEDERAL HIGHWAY #212 City STUART				FL Zip Code 34994	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 4/19/07 <small>Signature of person changing name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD <input type="checkbox"/> Delete BRESLAUER, MAUREEN 5151 BUMINI CIR, N PALM CITY, FL 34990				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD <input type="checkbox"/> Delete FYFE, LUCY W 4971 SW BIMINI CIR, N PALM CITY, FL 34990				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD <input type="checkbox"/> Delete MCADOO, JOHN 6060 SW LEeward LN 4993 SW BERMUDA WAY PALM CITY, FL 34990				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD <input checked="" type="checkbox"/> Delete BECKMANN, ROBERT 4545 SW BIMINI CIR, S PALM CITY, FL 34990				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete WALSH, JEFF 4305 SW BIMINI CIR, S PALM CITY, FL 34990				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TRACY HOMENIK 4462 SW BIMINI CIR N. PALM CITY FL 34990					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John McAdo JOHN McADOO 3/27/07 (772) 287-3467 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					