

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90197 025 ****61.25

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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**

11014473



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ODGERS, ROBERT C	
STREET ADDRESS	3825 SW BIMINI CR.S	
CITY-ST-ZIP	PALM CITY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WAGERICH, BRAIN	
STREET ADDRESS	3622 BIMINI CR. N	
CITY-ST-ZIP	PALM CITY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FALLOO, NICK	
STREET ADDRESS	4582 SW BIMINI CR.N	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARDIN, DON	
STREET ADDRESS	4131 SW BIMINI CR.S	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLLOMAN, DAN	
STREET ADDRESS	4886 SW BIMINI CIR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Mahoney	
STREET ADDRESS	4765 BIMINI Circle	
CITY-ST-ZIP	PALM City, FL 34990	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Beckmann	
STREET ADDRESS	4845 BIMINI Circle	
CITY-ST-ZIP	PALM City, FL 34990	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Wally	
STREET ADDRESS	4162 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 REQUIRED

[Signature]

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CR2E037 (10/02)