

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741733 (0)**  
1. Corporation Name  
**EVERGREEN HOMES VILLAGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>P.O. BOX 661554 MIAMI SPRINGS FL 33266</b>	Mailing Address <b>P.O. BOX 661554 MIAMI SPRINGS FL 33266</b>
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3. Date Incorporated or Qualified  
**01/19/1978**

4. FEI Number <b>59-2350354</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

**SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CARDOSO, RAFAEL</b>	
STREET ADDRESS <b>14021 S.W. 58 TERRACE</b>	
CITY - ST - ZIP <b>MIAMI FL 33183</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>DONALD, ABBOTT</b>	
STREET ADDRESS <b>14046 S.W. 58 LANE</b>	
CITY - ST - ZIP <b>MIAMI FL 33183</b>	
TITLE <b>DST</b>	<input type="checkbox"/> DELETE
NAME <b>ANEIROS, ESTHER D</b>	
STREET ADDRESS <b>13956 S.W. 56 LANE</b>	
CITY - ST - ZIP <b>MIAMI FL 33183</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>D GLORIA ABBOTT</b>	
1.3 STREET ADDRESS <b>14046 SW 56 LANE</b>	
1.4 CITY - ST - ZIP <b>MIAMI FL 33183</b>	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>DT MOHAMMAD KHAN</b>	
2.3 STREET ADDRESS <b>14046 SW 57 TERRACE</b>	
2.4 CITY - ST - ZIP <b>MIAMI FL 33183</b>	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>DP</b>	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>D MIKE ESPINOSA</b>	
4.3 STREET ADDRESS <b>5641 SW 139 PLACE</b>	
4.4 CITY - ST - ZIP <b>MIAMI FL 33183</b>	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>D JAYSON W JOHNSON</b>	
5.3 STREET ADDRESS <b>5636 W 140 PLACE</b>	
5.4 CITY - ST - ZIP <b>MIAMI FL 33183</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Esther D. Aneiros* 3/16/98 **Esther D. Aneiros (305) 593-2295**

CR2E037 (10/97)