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03-22-1999 90104 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 741733

1. Corporation Name

EVERGREEN HOMES VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 661554
 MIAMI SPRINGS FL 33266

Mailing Address

P.O. BOX 661554
 MIAMI SPRINGS FL 33266



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/19/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2350354

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
 NAME ABBOT, GLORIA
 STREET ADDRESS 14046 SW 56 LN
 CITY-ST-ZIP MIAMI FL 33183

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DT DELETE
 NAME KHAN, MOHAMMAD
 STREET ADDRESS 14046 SW 57 TERR
 CITY-ST-ZIP MIAMI FL 33183

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DP DELETE
 NAME ANEIROS, ESTHER D
 STREET ADDRESS 13956 S.W. 56 LANE
 CITY-ST-ZIP MIAMI FL 33183

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE D DELETE
 NAME ESPINOSA, MIKE
 STREET ADDRESS 5641 SW 139 PL
 CITY-ST-ZIP MIAMI FL 33183

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D DELETE
 NAME JOHNSON, JAYSON W
 STREET ADDRESS 5636 W 140 PL
 CITY-ST-ZIP MIAMI FL 33183

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE D/VP Change Addition
 6.2 NAME ABBOTT, DONALD
 6.3 STREET ADDRESS 14046 SW 56 LANE
 6.4 CITY-ST-ZIP MIAMI FL 33183

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

3-9-99

805-593-2295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(1/198)