

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90062 017 ****61.25

DOCUMENT # 741733

1. Entity Name
 EVERGREEN HOMES VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 17250 NE 19th Ave North Miami Beach Fl. 33162	Mailing Address 17250 NE 19th Ave. North Miami Beach, Fl. 33162
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

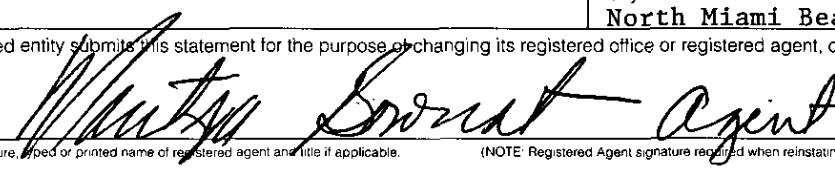
City & State	City & State	4. FEI Number 59-2350354	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 MJB MANAGEMENT SERVICES, INC.
 17250 NE 19th Ave.
 North Miami Beach, Fl. 33162

7. Name and Address of New Registered Agent
 Name **MJB MANAGEMENT SERVICES, INC.**
 Street Address (P.O. Box Number is Not Acceptable)
17250 NE 19th Ave.
 City **North Miami Beach** **FL** Zip Code **33162**

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  **Registered Agent** DATE **3/10/2000**

(NOTE: Registered Agent signature required when reinstating.)

FILE NOW:
FEE IS \$61.25

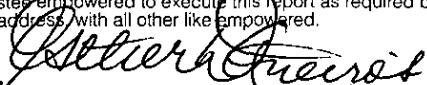
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANEIROS, ESTHER D. <input type="checkbox"/> Delete 13956 SW 56 Ln. Miami, Fl. 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KHAN, MOHAMMAD <input type="checkbox"/> Delete 14046 SW 57th Terr Miami, Fl. 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D ABBOTT, DONALD <input type="checkbox"/> Delete 14046 SW 56th Ln. Miami, Fl. 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPINOSA, MIKE <input type="checkbox"/> Delete 5641 SW 139th PL Miami, Fl. 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JAYSON W. <input checked="" type="checkbox"/> Delete 5636 W 140th PL Miami, Fl. 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, GLORIA <input type="checkbox"/> Delete 14046 SW 56 LN Miami, Fl. 33183

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Vidal, JOSE 5704 SW 139 Ct. Miami, Fl. 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D MORALES, MIGUEL A. 5620 SW 140th PL Miami, Fl. 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D SANTOS, GREGORIO 14061 SW 57th Terr MIAMI, FL ##! *#
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SD GUZMAN, RACHEL 5655 SW 140th PL Miami, Fl. 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D PADILLA, ENRIQUE 5702 SW 140th Ave Miami, Fl. 33183

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:  **President** Date **3-10-2000** Daytime Phone # **305- 940-8795**

CR2E037 (6-01)