


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90456 010 \*\*\*\*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**

**66423792**



2. Principal Place of Business  
**13800 SW 144 Ave Rd**

3. Mailing Address  
**13800 SW 144 Ave Rd**

Suite, Apt. #, etc.

01162004 Chg-NP CR2E037 (10/03)

City & State  
**Miami, FL**

City & State  
**Miami, FL 33186**

Zip  
**33186**

Country  
**US**

Zip  
**33186**

Country  
**US**

4. FEI Number  
**59-2350354**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MJB MANAGEMENT SERVICES, INC.  
 17520 NE 19 AVE  
 NORTH MIAMI BEACH, FL 33162**

7. Name and Address of New Registered Agent

Name **Stephen E. Suits**

Street Address (P.O. Box Number is Not Acceptable)  
**13800 SW 144 Ave. Rd.**

City **Miami** FL Zip Code **33186**

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  *Stephen E. Suits*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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

TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	RAFAEL, GUZMAN	
STREET ADDRESS	5655 SW 140TH PL.	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	DD	<input type="checkbox"/> Delete
NAME	FRANK, COPEL	
STREET ADDRESS	14055 SW 57TH TERR	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GUZMAN, RACHAEL	
STREET ADDRESS	5655 SW 140TH PL	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	DE LA PAZ, LOURDES	
STREET ADDRESS	13900 SW 56TH LN	
CITY-ST-ZIP	MIAMI, FL 33183	change
TITLE	DD	<input type="checkbox"/> Delete
NAME	ABBOTT, GLORIA	
STREET ADDRESS	14046 SW 58TH LN	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	V.	<input checked="" type="checkbox"/> Delete
NAME	ABBOTT, DONALD	
STREET ADDRESS	14046 SW 58TH LN	
CITY-ST-ZIP	MIAMI, FL 33183	change

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abbott, Donald	
STREET ADDRESS	14046 SW 58th LN	
CITY-ST-ZIP	Miami, FL 33183	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Khan, Mohammad	
STREET ADDRESS	14046 SW 57TH TERR	
CITY-ST-ZIP	Miami, FL 33183	
TITLE	S.B.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeLaRaz, Lourdes	
STREET ADDRESS	13900 SW 56 LN	
CITY-ST-ZIP	Miami, FL 33183	
TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martinez, Karina	
STREET ADDRESS	14055 SW 57 Terr	
CITY-ST-ZIP	Miami, FL 33183	
TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rojas, Javier	
STREET ADDRESS	5645 SW 140 PL.	
CITY-ST-ZIP	Miami, FL 33183	
TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Advincula Ivan	
STREET ADDRESS	14051 SW 57 Terr	
CITY-ST-ZIP	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)(f), 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:  *Donald Abbott* **4/14/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66#23792

[REDACTED]

#741733

11. Additions / changes to officers and directors in 10

title	D.
name	Martinez, Juan
street address	14021 SW 56 LN.
city-st zip	Miami, Fl. 33183

[REDACTED]