




**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90021 021 \*\*\*\*61.25

<b>DOCUMENT # 741733</b>					
<b>1. Entity Name</b> EVERGREEN HOMES VILLAGE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 13800 SW 144 AVE RD MIAMI, FL 33186		<b>Mailing Address</b> 13800 SW 144 AVE RD MIAMI, FL 33186		50003771 	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01042006 Chg-NP CR2E037 (11/05)	
Zip		Country		<b>4. FEI Number</b> 59-2350354	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
SUITS, STEPHEN E 13800 SW 144 AVE RD MIAMI, FL 33186				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABBOTT, DONALD		NAME	MR. PELI	
STREET ADDRESS	14046 SW 58TH LANE		STREET ADDRESS	13955 SW 57 LN	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PADILLA, ENRIQUE		NAME	PELI, BELA	
STREET ADDRESS	5702 SW 140 AVE		STREET ADDRESS	13955 SW 57 LN	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KHAN, MOHAMMAD		NAME	SANTOS, GREGORIO	
STREET ADDRESS	14046 SW 57 TERRACE		STREET ADDRESS	14061 SW 57 TR	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAPAZ, LOURDES		NAME		
STREET ADDRESS	13900 SW 56TH LN		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP		
TITLE	DD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBOTT, GLORIA		NAME		
STREET ADDRESS	14046 SW 58TH LN		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, PIERRE		NAME		
STREET ADDRESS	14005 SW 56 LANE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
SIGNATURE: 				Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					