


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90064 011 ****61.25

DOCUMENT # 741733

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



Principal Place of Business
**13800 SW 144 AVE RD
 MIAMI, FL 33186**

Mailing Address
**13800 SW 144 AVE RD
 MIAMI, FL 33186**

40037266



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2350354

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**SUITS, STEPHEN E
 13800 SW 144 AVE RD
 MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

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

Filing Fee is \$61.25 Due by May 1, 2007

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	PD	<input type="checkbox"/> Delete
NAME	ABBOTT, DONALD	
STREET ADDRESS	14046 SW 58TH LANE	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PADILLA, ENRIQUE	
STREET ADDRESS	5702 SW 140 AVE	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KHAN, MOHAMMAD	
STREET ADDRESS	14046 SW 57 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DELAPAZ, LOURDES	
STREET ADDRESS	13900 SW 56TH LN	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	DD	<input type="checkbox"/> Delete
NAME	ABBOTT, GLORIA	
STREET ADDRESS	14046 SW 58TH LN	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTRO, PIERRE	
STREET ADDRESS	14005 SW 56 LANE	
CITY-ST-ZIP	MIAMI, FL 33183	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: *Donald Abbott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2007 **305-869-2250**

Date Daytime Phone #