

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 747698 (9)**  
1. Corporation Name  
**THE EVERGLADES OF NORTH PALM BEACH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>372 GOLFVIEW RD. N PALM BCH. FL 33408</b>	Mailing Address <b>C/O BRISTOL MANAGEMENT SERVICE 103 S US 1. F5-135 JUPITER FL 33477 US</b>
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3. Date Incorporated or Qualified <b>06/18/1979</b>	3a. Date of Last Report <b>03/18/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-1980686</b>	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Elect on Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**INGLIS, STEVE  
C/O BRISTOL MANAGEMENT SERVICES INC  
103 S US 1 F5-135  
JUPITER FL 33477**

**10. Name and Address of New Registered Agent**

<b>B1</b> Name
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>
<b>B4</b> City
<b>B5</b> 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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YURASKO, FRANK H.</b>	1.2 NAME	
STREET ADDRESS	<b>372 GOLFVIEW ROAD #502C</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREIA, JAMIE</b>	2.2 NAME	
STREET ADDRESS	<b>364 GOLFVIEW ROAD #404A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. PALM BCH. FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALLONE, GRACE</b>	3.2 NAME	
STREET ADDRESS	<b>374 GOLFVIEW ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELTER, ALBERT G.</b>	4.2 NAME	
STREET ADDRESS	<b>374 GOLFVIEW ROAD #206C</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYES, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>364 GOLFVIEW ROAD #301A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYES, RAE</b>	6.2 NAME	
STREET ADDRESS	<b>374 GOLFVIEW ROAD #204C</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. PALM BCH. FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 or in an attachment with an address.

CR2E037 (9/96)