
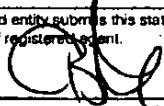
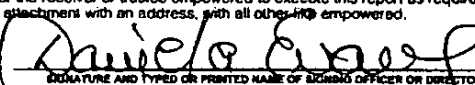


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90047 024 ****61.25

DOCUMENT # 747698			
1. Entity Name THE EVERGLADES OF NORTH PALM BEACH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 372 GOLFVIEW ROAD NORTH PALM BEACH, FL 33408		Mailing Address DICKER, KRIVOK & STOLOFF, P.A. 1818 AUSTRALIAN AVE. SO., STE. 400 WEST PALM BEACH, FL 33409 US	
2. Principal Place of Business		3. Mailing Address SUNRISE COMPANIES	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 275 TONEY PENNA DR. #7	
City & State		City & State JUPITER FL	
Zip	Country	Zip	Country
33458		33458	
4. FEI Number 59-1980686		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKER, KRIVOK & STOLOFF, P.A. 1818 AUSTRALIAN AVENUE SOUTH SUITE 400 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name CRAIG KUNKLE Street Address (P.O. Box Number is Not Acceptable) 275 TONEY PENNA DRIVE, #7 City JUPITER FL Zip Code 33458	
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  CRAIG KUNKLE DATE 4-18-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, DANIELA 384 GOLFVIEW RD, #508 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELTON, FRANK 372 GOLFVIEW ROAD NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVARA, JOSEPH 374 GOLFVIEW ROAD NORTH PALM BEACH, FL 33408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAROLYNE, DUANE 384 GOLFVIEW RD #101A NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALLONE, GRACE 374 GOLFVIEW ROAD NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLAKE, RAY 372 GOLFVIEW RD #102C NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 info empowered.			
SIGNATURE  DANIELA EVANS DATE 4-18-06 DAYTIME PHONE # 561-525-7792 <small>SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR</small>			



04042006 Chg-NP CR2E037 (11/05)

ATTACHMENT
40093927
#747698

check was sent
by itself in error.
If any problem
please give me a
call at:-
561-575-7792
SHIRLEY