

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757664

FILED
Apr 22, 2005
Secretary of State

Entity Name: EVANSTON PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3600 BROADWAY
B
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 61048
FORT MYERS, FL 339061048

New Mailing Address:

FEI Number: 59-2247448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYKORA, VLADIMIR
5510 SW 11TH AVE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SYKORA, VLADIMIR
Address: 5510 SW 11TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: VD () Delete
Name: HARRIS, JAMES
Address: 14005 SHIMMERING LAKE CT.
City-St-Zip: FORT MYERS, FL 33901

Title: VD () Delete
Name: CONNELLY, GREGORY
Address: 427 HANCOCK BRIDGE PKWY #5
City-St-Zip: CAPE CORAL, FL 33909

Title: TD () Delete
Name: DENSON, WILLIAM
Address: 2640 PARK WINDSOR DR. #208
City-St-Zip: FORT MYERS, FL 33901

Title: SD () Delete
Name: BURA, CHIRILA
Address: 2670 PARK WINDSOR DR. 407
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: CONNELLY, GREGORY
Address: 17144 LEE RD
City-St-Zip: FORT MYERS, FL 33912

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: DEBENEDETTA, LAUREN
Address: 2700 PARK WINDSOR DR. #713
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VLADIMIR SYKORA

PD

04/22/2005

Electronic Signature of Signing Officer or Director

Date