

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759301 (5)
1. Corporation Name
EVERGREEN TERRACE, A CONDOMINIUM, INC.



Principal Place of Business 216 DIXIE DR TALLAHASSEE FL 32304 US	Mailing Address PO BOX 14019 TALLAHASSEE FL 32317 US
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3. Date Incorporated or Qualified 07/24/1981	
4. FEI Number 59-2153838	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 2425 Millcreek Ct.	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite 1	Suite, Apt. #, etc. 27
City & State 23 Tall. FL	City & State 28
Zip 24 32308	Country 25 US
Country 25 US	Zip 29
Country 25 US	Country 30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**DAUGHTRY, TAMMY
1400 METROPOLITAN BLVD 2425-1 Millcreek Ct.
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	ARNOLD, LACY <input checked="" type="checkbox"/> DELETE	1.1 TITLE D Barbara Johnson	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2808 SHAMROCK NORTH		1.2 NAME	
CITY-ST-ZIP TALLAHASSEE FL 32308		1.3 STREET ADDRESS	
TITLE SD	NOBLIN, MILLARD <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
STREET ADDRESS 1300 METROPOLITAN BLVD		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP TALLAHASSEE FL 32308		2.2 NAME	
TITLE TD	HARPER, TONY <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
STREET ADDRESS 216 DIXIE DRIVE, F-8		2.4 CITY-ST-ZIP	
CITY-ST-ZIP TALLAHASSEE FL		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP			

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/12/98

CFR2E037 (10/97)