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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759301

1. Corporation Name
EVERGREEN TERRACE, A CONDOMINIUM, INC.

Principal Place of Business 2425 MILLCREEK CT 1300 Metro SFE-1 TALL FL 32308 US	Mailing Address PO BOX 14019 TALLAHASSEE FL 32317 US
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2. Principal Place of Business 21 1/2 Community Property Mgmt Suite, Apt. #, etc. 22 1300 Metropolitan Blvd. City & State Tall. FL 23 Tall. FL Zip 32308 Country US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date incorporated or Qualified 07/24/1981	4. FEI Number 59-2153838 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent DAUGHTRY, TAMMY 1/2 Community Property Mgmt. 1400 METROPOLITAN BLVD 1300 Metropolitan Blvd. TALLAHASSEE FL 32308 2nd floor Tall. 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 FL 85 Zip Code
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE 7 D NAME JOHNSON, BARBARA STREET ADDRESS 2808 SHAMROCK NORTH CITY-ST-ZIP TALLAHASSEE FL 32308	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Barbara Johnson 216 Dixie Dr. 08 Tallahassee, FL 32304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 3D NAME NOBLIN, MILLARD STREET ADDRESS 1300 METROPOLITAN BLVD CITY-ST-ZIP TALLAHASSEE FL 32308	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME HARPER, TONY STREET ADDRESS 216 DIXIE DRIVE, F-8 CITY-ST-ZIP TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 3D Louise Davidson 458 Glory Rd. Quincy, FL 32351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP PP Randolph Lane 2471 Kise Lane Tall. FL 32310	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 3/3/99 (850) 385-1300
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)