


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90124 030 ****61.25

DOCUMENT # 759301

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



Principal Place of Business 1815 MICCOSUKEE COMMONS DR 104 TALL, FL 32308 US	Mailing Address PO BOX 14019 TALLAHASSEE, FL 32317 US
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2153838	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

**DAUGHTRY, TAMMY
 1815 MICCOSUKEE COMMONS DR
 TALLAHASSEE, FL 32308**

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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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, BARBARA 216 DIXIE DR D8 TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLIN, MILLARD 1300 METROPOLIYAN BLVD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JORDAN, GRADY 5277 BUCK LAKE RD TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ENT'D FEB 17 2004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JIN 39240 5600 PAID FEB 18 2004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 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 like empowered.

SIGNATURE: Barbara Johnson 4/11/04 850/385-0094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #