


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90006 001 ****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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40037100



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2153838	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2006**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 like empowered.

SIGNATURE: Barbara Johnson Date: 3-17-06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR