

**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

08 AUG -8 AM 11:47


SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07312008 Chg-NP CR2E037 (12/06)

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

2. Principal Place of Business - No P.O. Box #
3968 N. Monroe St.

3. Mailing Address
P.O. Box 180637

Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State
Tallahassee FL

Zip
32303 Country
USA

Zip
32318 Country
USA

4. FEI Number
59-2153838

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAUGHTRY, TAMMY
1815 MICCOSUKEE COMMONS DR
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name
LeAnn Sbordone

Street Address (P.O. Box Number is Not Acceptable)
Homeowners Association Services

3968 N. Monroe St.

City
Tallahassee FL Zip Code
32303

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 LeAnn Sbordone - LeAnn Sbordone - Manager **8-4-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, BARBARA	
STREET ADDRESS	216 DIXIE DR D8	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOBLIN, MILLARD	
STREET ADDRESS	1300 METROPOLIAN BLVD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MACLEOD, STEVEN	
STREET ADDRESS	216 DIXIE DR E2	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	
TITLE	P	<input type="checkbox"/> Delete
NAME	BUTLER, FRANK	
STREET ADDRESS	216 DIXIE DR F6	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200134457522	
CITY-ST-ZIP	08/14/08--01007--013 **\$1.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: LeAnn Sbordone - Manager **8-4-08** **850-562-8708**

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

KS