

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759301

FILED
Jul 06, 2009
Secretary of State

Entity Name: EVERGREEN TERRACE, A CONDOMINIUM, INC.

Current Principal Place of Business:

3968 N. MONROE ST.
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 180637
TALLAHASSEE, FL 32318 US

New Mailing Address:

FEI Number: 59-2153838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SBORDONE, LEANN
HOMEOWNERS ASSOCIATION SERVICES
3968 N. MONROE ST.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, BARBARA
Address: 216 DIXIE DR D8
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: NOBLIN, MILLARD
Address: 1300 METROPOLYAN BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD () Delete
Name: MACLEOD, STEVEN
Address: 216 DIXIE DR E2
City-St-Zip: TALLAHASSEE, FL 32304

Title: P () Delete
Name: BUTLER, FRANK
Address: 216 DIXIE DR F6
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCLEOD, STEVEN
Address: 216 DIXIE DRIVE, #E-2
City-St-Zip: TALLAHASSEE, FL 32304

Title: T (X) Change () Addition
Name: BUTLER, FRANK
Address: 216 DIXIE DRIVE, #F-6
City-St-Zip: TALLAHASSEE, FL 32304

Title: S (X) Change () Addition
Name: MCCARTY, SARAH
Address: 216 DIXIE DRIVE, #E-8
City-St-Zip: TALLAHASSEE, FL 32304

Title: M (X) Change () Addition
Name: SBORDONE, LEANN
Address: 3968 N. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEANN SBORDONE

Electronic Signature of Signing Officer or Director

M

07/06/2009

Date