2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
04-03-2001 90075 004 ****61.25

0047622

DOCUMENT # 767131

1. Entity Name

EVERGREEN LAKES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ALLIANCE PROPERTY SYSTEMS 7101 WEST COMMERCIAL BLVD 4-A FORT LAUDERDALE FL 33319	C/O ALLIANCE PROPERTY SYSTEMS P.O.BOX 26478 FORT LAUDERDALE FL 33320-6478

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2389616 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRANKEL, BETTY
9494 NW 48 ST
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT FRANKEL, LISA ANNE 4825 NW 95 AVE SUNRISE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lisa Anne Frankel Bridges	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELLAROCCO, GARY M 4863 NW 95 AVE SUNRISE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Christel M. Boltz Jr 9479 NW 48 St Sunrise, FL 33351	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FRANKEL, BETTY 9494 NW 48TH STREET SUNRISE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DEGANNES, MARILYN L 9404 NW 48 ST SUNRISE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Steve Galloway Jr 4850 NW 95 Ave Sunrise, FL 33351-5119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAREDES, ZUNILDA 9446 NW 48 ST SUNRISE FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Steve M. Galloway Jr. STEVE GALLOWAY JR 3-27-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #