2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90407 036 ****61.25

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

8360 W OAKLAND PARK BLVD
SUITE 301
SUNRISE FL 33351

c/o ALLIANCE PROPERTY SYSTEMS
PO BOX 452199
FORT LAUDERDALE FL 33345-2199

01312004 Chg-NP CR2E037 (10/03)

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	7. Name and Address of New Registered Agent
FRANKEL, BETTY 9494 NW 48 ST SUNRISE, FL 33351	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT FRANKEL-BRIDGES, LISA ANNE 4825 NW 95 AVE SUNRISE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOLTZ, CHRISTEL M 9479 NW 48TH ST SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Denslow, David R 9477 NW 48 St Sunrise, FL 33351	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS 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	DP GALLOWAY,JR, STEVE 4850 NW 95TH AVE SUNRISE, FL 333515119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINTO, VIRGIL 4829 NW 95 AVE FORT LAUDERDALE, 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

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 M. Galloway Jr. Asst. Pres. 4-14-04 954 954-572-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #