2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767131

1. Entity Name
EVERGREEN LAKES HOMEOWNER'S ASSOCIATION, INC.

07282007 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
8360 W. OAKLAND PKY BLVD. SUITE 301 SUNRISE, FL 33351	C/O ALLIANCE PROPERTY SYSTEMS P.O.BOX 452199 FORT LAUDERDALE, FL 33345-2199

2. Principal Place of Business - No P.O. Box #	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	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 X Betty Frankel 9/4/07
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GALLOWAY, STEVE 4850 NW 95 AVE FORT LAUDERDALE, FL 33351	☒ Delete	D Greenberg, Gary 4945 NW 95 Ave Sunrise, FL 33351	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOLTZ, CHRISTEL M 9479 NW 48TH ST SUNRISE, FL 33351	☒ Delete	D/S Rawls, Jean M 4887 NW 94 Terr Sunrise, FL 33351	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT FRANKEL, BETTY 9494 NW 48TH STREET SUNRISE, FL	☐ Delete	D Cooper, Lennie Alice 4861 NW 94 Terr Sunrise, FL 33351	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ESQUIVEL, JOHN 9474 NW 48TH ST SUNRISE, FL 33351	☐ Delete	D/P 900109594519 09/18/07--01068--001 **61.25	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: X (President) 9/6/07 305-607-6610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN ESQUIVEL ✓ ✓