2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# 767131

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

Current Principal Place of Business:

8360 W. OAKLAND PKY BLVD.
SUITE 301
SUNRISE, FL 33351

New Principal Place of Business:

6530 GRIFFIN ROAD
SUITE 104
DAVIE, FL 33314

Current Mailing Address:

C/O ALLIANCE PROPERTY SYSTEMS
P.O.BOX 452199
FORT LAUDERDALE, FL 333452199

New Mailing Address:

6530 GRIFFIN ROAD
SUITE 104
DAVIE, FL 33314

FEI Number: 59-2389616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANKEL, BETTY
9494 NW 48 ST
SUNRISE, FL 33351 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: GREENBERG, GARY
Address: 4945 NW 95 AVENUE
City-St-Zip: SUNRISE, FL 33351

Title: SD ( ) Delete
Name: RAWLS, JEAN M
Address: 4887 NW 94 TERR
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete
Name: FRANKEL, BETTY
Address: 9494 NW 48TH STREET
City-St-Zip: SUNRISE, FL

Title: DP ( ) Delete
Name: ESQUIVEL, JOHN
Address: 9474 NW 48TH ST
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete
Name: COOPER, LENNIE ALICE
Address: 4861 NW 94 TERR
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JANE BOLIN FOR FPS DIR 02/20/2008
Electronic Signature of Signing Officer or Director — Date