

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90157 013 \*\*\*\*61.25



DOCUMENT # N03000010541

1. Entity Name  
 EVERGREEN ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business  
 2605 SW 33RD STREET, BLDG. 200  
 OCALA, FL 34474

Mailing Address  
 PO BOX 2495  
 OCALA, FL 34478

200000



**DO NOT WRITE IN THIS SPACE**

02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0735560 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRKPATRICK, KENNETH  
 2605 SW 33RD STREET  
 OCALA, FL 34470

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

**Filing Fee is \$61.25 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALBRIGHT, GEORGE J 111
STREET ADDRESS	209 SE 15TH AVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	SD
NAME	PLUNKETT, JOHN M
STREET ADDRESS	1740 E SILVER SPRINGS BLVD
CITY-ST-ZIP	OCALA, FL 34470
TITLE	TD
NAME	HAINES, TIM
STREET ADDRESS	125 NE FIRST AVE SUITE 1
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_