
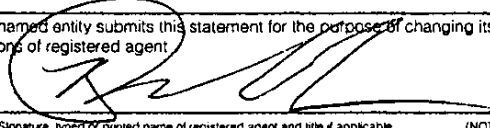
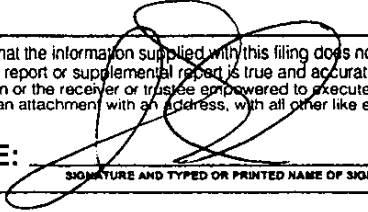


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90036 028 ****61.25

DOCUMENT # N05000004918			
1. Entity Name EVERWOOD HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3450 BUSCHWOOD PARK DR STE 250 TAMPA, FL 33618		Mailing Address 3450 BUSCHWOOD PARK DR STE 250 TAMPA, FL 33618	
2. Principal Place of Business 2002 N. LOIS AVE		3. Mailing Address 2002 N LOIS AVE	
Suite, Apt. #, etc. SITE 507		Suite, Apt. #, etc. SITE 507	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33607	Country USA	Zip 33607	Country USA
4. FEI Number 04-3818702		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04262006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent ZSCHAU, JULIUS J 2701 N ROCKY POINT DR STE 930 TAMPA, FL 33607		7. Name and Address of New Registered Agent Name LAMB BRIAN K. Street Address (P.O. Box Number is Not Acceptable) 2002 N. LOIS AVE City TAMPA FL Zip Code 33607	
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	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD CAVALIERE, DAVE 3450 BUSCHWOOD PARK DR STE 250 TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joseph Salamanca 11107 Black Forest Trail Riverview FL 33569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILKINSON, CURT 3450 BUSCHWOOD PARK DR STE 250 TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Harold Esters 11114 Black Forest Trail Riverview FL 33569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORDILEONE, LESLEY 3450 BUSCHWOOD PARK DR STE 250 TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Desiree Sands 11213 Black Forest Trail Riverview FL 33569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIREBAUGH, CHLOE 3450 BUSCHWOOD PARK DR STE 250 TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date 8/29/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	