


FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90010 010 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N05000004918

1. Entity Name
EVERWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
550 N REO STREET
SUITE 300
TAMPA, FL 33609

Mailing Address
550 N REO STREET
SUITE 300
TAMPA, FL 33609

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

QUICK



01082008 Chg-NP CR2E037 (12/08)

4. FEI Number
04-3818702

Applied For
 Not Applicable

8. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

REALMANAGE
550 N REO STREET
TAMPA, FL 33609

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2008

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 PD	SALAMANCIA, JOSEPH 11107 BLACK FOREST TR RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete	TITLE PD	Gerard Wheeler 11236 Black Forest Trail Riverview, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	ESTERS, HAROLD 1114 BLACK FOREST TR RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete	TITLE VPD	George Roby 11234 Black Forest Trl. Riverview, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD	SANDS, DESIREE 11213 BLACK FOREST TR RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete	TITLE STD	Lorita Shirley 11232 Black Forest Trl. Riverview, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<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 employees.

SIGNATURE: Lorita Shirley 4-21-08 813-288-0708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #