

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004918

FILED
Mar 19, 2009
Secretary of State

Entity Name: EVERWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4218 N. RIVERSIDE DRIVE
TAMPA, FL 336033312

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 7692
TAMPA, FL 336737692

New Mailing Address:

FEI Number: 04-3818702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSAN, RICHARD R ESQ
112 WEST WINDHORST ROAD
BRANDON, FL 33510 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: PD () Delete
Name: WHEELER, GERARD
Address: 11236 BLACK FOREST TRAIL
City-St-Zip: RIVERVIEW, FL 33569

Title: VPD () Delete
Name: ROBU, GEORGE
Address: 11234 BLACK FOREST TRL
City-St-Zip: RIVERVIEW, FL 33569

Title: STD () Delete
Name: SHIRLEY, LORITA
Address: 11232 BLACK FOREST TRL
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TRICOCHE, JENNIFER
Address: 11238 BLACK FOREST TRAIL
City-St-Zip: RIVERVIEW, FL 33569

Title: VPD (X) Change () Addition
Name: SALAMANCA, JOSEPH
Address: 11107 BLACK FOREST TRL
City-St-Zip: RIVERVIEW, FL 33569

Title: STD (X) Change () Addition
Name: EBANKS, KINDRA
Address: 11114 BLACK FOREST TRL
City-St-Zip: RIVERVIEW, FL 33569

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: JENNIFER TRICOCHE

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03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date