

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000009673

1. Entity Name
EVERGREEN LAKES CONDOMINIUM ASSOCIATION, INC.



FILED

06 NOV 16 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5071 WILES ROAD COCONUT CREEK, FL 33073 US	Mailing Address 5071 WILES ROAD COCONUT CREEK, FL 33073 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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11012006 Chg-NP CR2E037 (4/06)

City & State	City & State
Zip	Country

4. FEI Number
20-3501646

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ERBSTEIN, HOWARD
1601 FORUM PLACE
STE 805
W PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: TAMAR SHENDALL
Street Address (P.O. Box Number is Not Acceptable): 3650 N. FEDERAL Hwy.
Suite 202
City: Lighthouse Point FL Zip Code: 33064

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] President DATE: 11-6-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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	
TITLE: PD NAME: ERBSTEIN, HOWARD STREET ADDRESS: 1601 FORUM PLACE - STE 805 CITY-ST-ZIP: W PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: CSAPO, JOHN STREET ADDRESS: 1601 FORUM PLACE - STE 805 CITY-ST-ZIP: W PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete
TITLE: STD NAME: WOLF, SUSAN STREET ADDRESS: 1601 FORUM PLACE SUITE 805 CITY-ST-ZIP: WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: Fischer, Michael STREET ADDRESS: 19234 South Creekstone Ct. CITY-ST-ZIP: Boca Raton, FL 33498	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: PIKE, GARY STREET ADDRESS: 5061 Wiles Rd # 108 CITY-ST-ZIP: COCONUT CREEK, FL 33073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: VIELA, Claudia STREET ADDRESS: 5025 Wiles Rd. # 103 CITY-ST-ZIP: COCONUT CREEK, FL 33073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 117, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE: [Signature] 11/2/06 954 971 0204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20 11/17