

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 23, 2009
Secretary of State

DOCUMENT# N05000009673

Entity Name: EVERGREEN LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 20-3501646 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WHITTLE, CYNTHIA
953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 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: GREENBERG, DAVID
Address: 6115 NW 123 LANE
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: VPTD () Delete
Name: PIKE, GARY
Address: 5061 WILES ROAD #108
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: SD () Delete
Name: KALMAN, DONNA
Address: 6250 NW 12 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BARRERES, RICHARD
Address: 5100 WILES ROAD #202
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: VPTD (X) Change () Addition
Name: KALMAN, DONNA
Address: 6250 NW 12 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

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: DAVID GREENBERG

PD

05/23/2009

Electronic Signature of Signing Officer or Director

_____ Date