2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 20, 2005 8:00 am Secretary of State

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DOCUMENT # N9800006825 1. Entity Name EVERGLADES SOUTH CONDOMINIUM ASSOCIATION, INC.							0032 007 ***		
Principat Plac 1337 EUCLIE UNIT # 103 MIAMI BEACH	O AVENUÉ :	Mailing Address 1337 EUCLID AVENUE UNIT # 103 MIAMI BEACH, FL 3313	B7 EUCLID AVENUE T # 103				 		IIII DE DI ITOI
2. Principal Place of Business 3.		3. Mailing Address SAME							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		05072005 _{, Chg}	·NP	CR2E037 (10)/03)	
City & State		City & State	City & State		4. FEI Number 65-0883717				oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Statu	s Desired		5 Add	ditional ed
	Name and Address of Current	Registered Agent			7. Name and Addres	s of New R	egistered Agent		
CADICORP MANAGEMENT GROUP			Name						
7154-B SC MIAMI, FL	OUTH WEST 47TH STREET 33155	•	Street Address		P.O. Box Number is Not	Acceptable			
	*,				SAME			1- OI	
			City				ru	ip Cod	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office	or register	red agent, or both, in the	State of Flo	orida. I am familia	ar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered Agent sign	ature required	when reinstating)		DATE		
	Signature, typed or printed name of registered agen Filling Fee is \$61.25 ue by September 7, 2005	9. Election Carny Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		DATE ake check pay ida Departmen		
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 of trustee in the overed to execute his 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.

05-10-2005 NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-668-4800

Date

Daytime Phone #