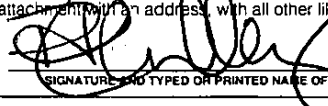


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-20-2005 90032 007 ****61.25

DOCUMENT # N98000006825 1. Entity Name EVERGLADES SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1337 EUCLID AVENUE UNIT # 103 MIAMI BEACH, FL 33139			Mailing Address 1337 EUCLID AVENUE UNIT # 103 MIAMI BEACH, FL 33139		
2. Principal Place of Business SAME			3. Mailing Address SAME		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		4. FEI Number 65-0883717	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CADICORP MANAGEMENT GROUP 7154-B SOUTH WEST 47TH STREET MIAMI, FL 33155				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SAME 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	DP CULLEY, PORTIA 1337 EUCLID AVENUE, #105 MIAMI BEACH, FL 33139	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CANALORI, LAUREN 1337 EUCLID AVE., #103 MIAMI BEACH, FL 33139	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANGUS COSGROVE 1337 EUCLID AVENUE # 205 MIAMI BEACH, FLORIDA 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FUSCO, SANDRO 1337 EUCLID AVE., #206 MIAMI BEACH, FL 33139	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing 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 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 empowered.					
SIGNATURE: 				05-10-2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				305-668-4800	
Date				Daytime Phone #	