2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000006825

T FILED
Dec 07, 2005
Secretary of State

Entity Name: EVERGLADES SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1337 EUCLID AVENUE UNIT # 103 MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

1337 EUCLID AVENUE UNIT # 103 MIAMI BEACH, FL 33139

FEI Number: 65-0883717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CADICORP MANAGEMENT GROUP 7154-B SOUTH WEST 47TH STREET MIAMI, FL 33155 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 CULLEY, PORTIA
 Name:
 HISHAM, ABOULHOSN

 Address:
 1337 EUCLID AVENUE, #105
 Address:
 1337 EUCLID AVENUE, #102

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 MIAMI BEACH, FL 33139

 Title:
 DS
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 FUSCO, SANDRO
 Name:
 FUSCO, SANDRO

 Address:
 4007 FUSU ID N/F, #000

 Address:
 1337 EUCLID AVE., #206
 Address:
 1337 EUCLID AVE., #206

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 MIAMI BEACH, FL 33139

Title: DT () Delete Title: DT (X) Change () Addition Name: COSGROVE, ANGUS Name: COSGROVE, ANGUS

 Address:
 1337 EUCLID AVENUE #205
 Address:
 1337 EUCLID AVENUE #205

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 MIAMI BEACH, FL 33139

Title: () Delete Title: DS () Change (X) Addition

Name: MEJIA, CARLOS

 Address:
 Address:
 1337 EUCLID AVE # 204

 City-St-Zip:
 City-St-Zip:
 MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANGUS COSGROVE T 12/07/2005