2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# N98000006825

Entity Name: EVERGLADES SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1337 EUCLID AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

1337 EUCLID AVENUE
UNIT # 103
MIAMI BEACH, FL 33139

Current Mailing Address:

628 SIXTH STRET
SECOND FLOOR
MIAMI BEACH, FL 33139

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:

VODA, TIM
628 SIXTH STREET
SECOND FLOOR
MIAMI BEACH, FL 33139

Name and Address of New Registered Agent:

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

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: CADICORP MANAGEMENT GROUP 04/29/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BROCK, KELLY
Address: 1337 EUCLID AVENUE, #101
City-St-Zip: MIAMI BEACH, FL 33139

Title: DT ( ) Delete
Name: PALATNICK, ALICE
Address: 1337 EUCLID AVENUE, #103
City-St-Zip: MIAMI BEACH, FL 33139

Title: DS ( ) Delete
Name: THYE, BOB
Address: 1337 EUCLID AVENUE, #201
City-St-Zip: MIAMI BEACH, FL 33139

Title: T (X) Delete
Name: VODA, TIM
Address: 628 SIXTH STREET, SECOND FLOOR
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CULLEY, PORTIA
Address: 1337 EUCLID AVENUE, #105
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: DS (X) Change ( ) Addition
Name: MART, EVE
Address: 1337 EUCLID AVENUE, # 102
City-St-Zip: MIAMI BEACH, FL 33139

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

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: PORTIA CULLEY PD 04/29/2003
Electronic Signature of Signing Officer or Director Date