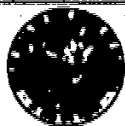


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 24 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767131 (6)
1. Corporation Name
EVERGREEN LAKES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
% V.I.P. MANAGEMENT CORP
2531 ARAGON BLVD
SUNRISE FL 33322 % V.I.P. MANAGEMENT CORP
2531 ARAGON BLVD
SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/23/1983 3a. Date of Last Report 03/22/1994
4. FEI Number 59-2389616 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent
V.I.P. MANAGEMENT CORP.
2531 ARAGON BLVD.
SUNRISE FL 33322

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I, the undersigned, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE *[Signature]* DATE 3/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NR	1.1 TITLE	VD
NAME	X PINTO, VIRGIL	1.2 NAME	PINTO, VIRGIL
STREET ADDRESS	VIBER JOWH K ST	1.3 STREET ADDRESS	4829 NW 95 AVE
CITY - ST - ZIP	SUNRISE FL	1.4 CITY - ST - ZIP	SUNRISE, FL 33351
TITLE	X	2.1 TITLE	
NAME	X NAME: WENDY	2.2 NAME	
STREET ADDRESS	X X X X X X X X X X	2.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	PD
NAME	X COOPER, LENNIE	3.2 NAME	LENNIE COOPER FOSTER
STREET ADDRESS	X X X X X X X X X X	3.3 STREET ADDRESS	4861 N.W. 94 TERR
CITY - ST - ZIP	SUNRISE FL	3.4 CITY - ST - ZIP	SUNRISE, FL 33351
TITLE	SD	4.1 TITLE	SD
NAME	X FOSTER, CHARLES	4.2 NAME	HOLZSCHUH, JOY
STREET ADDRESS	X X X X X X X X X X	4.3 STREET ADDRESS	4825 NW 95 AVE
CITY - ST - ZIP	SUNRISE FL	4.4 CITY - ST - ZIP	SUNRISE, FL 33351
TITLE	TD	5.1 TITLE	TD
NAME	X RANKINE, WILLIAM	5.2 NAME	RANKINE, WILLIAM
STREET ADDRESS	X X X X X X X X X X	5.3 STREET ADDRESS	4850 NW 95 AVE
CITY - ST - ZIP	SUNRISE FL	5.4 CITY - ST - ZIP	SUNRISE, FL 33351
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE *[Signature]* DATE 3/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR