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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33322-3110

3. Date Incorporated or Qualified 02/23/1983	3a. Date of Last Report 01/29/1996
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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
25	30

4. FEI Number 59-2389616	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 617.0502 and 617.1508, 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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *CLAUDE B. GELLER PRES.* DATE **3/25/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VD PINTO, VIRGIL	<input checked="" type="checkbox"/>
NAME	4829 N.W. 95TH AVE	
STREET ADDRESS	SUNRISE FL	
CITY-ST-ZIP		
TITLE	PD FOSTER, LENNIE COOPER	<input checked="" type="checkbox"/>
NAME	4861 N.W. 94TH TERRACE	
STREET ADDRESS	SUNRISE FL	
CITY-ST-ZIP		
TITLE	SD VAN OOSTRUM BARBARA	<input checked="" type="checkbox"/>
NAME	9441 N.W. 48TH ST.	
STREET ADDRESS	SUNRISE FL	
CITY-ST-ZIP		
TITLE	TD RANKINE, WILLIAM	<input checked="" type="checkbox"/>
NAME	4850 N.W. 95TH AVE	
STREET ADDRESS	SUNRISE FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P.D.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VD ANDERSON, DAVID	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	9474 NW 48 ST.		
2.3 STREET ADDRESS	SUNRISE FL 33351		
2.4 CITY-ST-ZIP			
3.1 TITLE	S.P. ENGLEIN, RICHARD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	4825 NW 95 AVE		
3.3 STREET ADDRESS	SUNRISE FL 33351		
3.4 CITY-ST-ZIP			
4.1 TITLE	T.D. FRANKEL, BETTY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	9494 NW 48 ST		
4.3 STREET ADDRESS	SUNRISE FL 33351		
4.4 CITY-ST-ZIP			
5.1 TITLE	WILSON, MARIL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	4850 NW 95 AVE		
5.3 STREET ADDRESS	SUNRISE, FL 33351		
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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 on an attachment with an address.

SIGNATURE *CLAUDE B. GELLER* SECRETARY *3-25-97* 981-748-682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036991

CR2E037 (9/96)