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FILED
Jan 20 1998 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
1. Corporation Name

EVERGREEN LAKES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business C/O ALLIANCE PROPERTY SYSTEMS 7101 WEST COMMERCIAL BLVD 4-A FORT LAUDERDALE FL 33319	Mailing Address C/O ALLIANCE PROPERTY SYSTEMS PO BOX 26478 FORT LAUDERDALE FL 33320-8478
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3. Date Incorporated or Qualified 02/23/1983	3a. Date of Last Report 03/25/97
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	

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

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 VIRGIL PINTO
82 Street Address (P.O. Box Number is Not Acceptable) 4829 NW 95 AVE
83
84 City SUNRISE
85 Zip Code FL 33351

11. Pursuant to the provisions of Sections 17.0502 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 *Virgil Pinto* **VIRGIL PINTO, PRESIDENT** *1/6/98* DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD VIRGIL PINTO
STREET ADDRESS	4829 NW 95 AVE
CITY-ST-ZIP	SUNRISE FL 33351
TITLE	<input type="checkbox"/> DELETE
NAME	VD DAVID ANDERSON
STREET ADDRESS	9474 NW 48 ST
CITY-ST-ZIP	SUNRISE FL 33351
TITLE	<input type="checkbox"/> DELETE
NAME	SD RICHARD ENSLEIN
STREET ADDRESS	4825 NW 95 AVE
CITY-ST-ZIP	SUNRISE FL 33351
TITLE	<input type="checkbox"/> DELETE
NAME	TD BETTY FRANKEL
STREET ADDRESS	9494 NW 48 ST
CITY-ST-ZIP	SUNRISE FL 33351
TITLE	<input type="checkbox"/> DELETE
NAME	D MARK WILSON
STREET ADDRESS	4850 NW 95 AVE
CITY-ST-ZIP	SUNRISE FL 33351
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Virgil Pinto* **VIRGIL PINTO, PRES** *1/6/98* *748-7037* DATE Day, mo Phone #

CR2E037 (9/96)