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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 767131

EVERGREEN LAKES HOMEOWNERS ASSOCIATION, INC

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Jan 20 1998 8:00am Secretary of State

|  |   |   |  | I  |  |  |
|--|---|---|--|--|--|--|
| Principal Place of Business Mailing Address  |   |   |  |  |  |  |
| C/O ALLIANCE PROPERTY SYSTEMS 7101 WEST COMMERCIAL BLVD 4-A FORT LAUDERDALE FL 33319  C/O ALLIANCE PROPERTY S' PO BOX 26478 FORT LAUDERDALE FL 33319   |   |   | PERTY SYSTEMS  |  |  |  |
| FORT LAUDE   | RDALE FL 33319  | FORT LAUDERDALE                         | FL 33320-6478  |  |  |  |
|  |   |   |  | <ol> <li>Date Incorporated or Qualified</li> <li>02/23/1983</li> </ol>                 | 3a. Date of Last F                     |  |
| 2. Principal Plac  | ee of Business  | 2a. Mailing Address                     |  | 4. FEI Number  | <del>,,,</del>                         | pplied For                                   |
| 1 see a  |   | 26 see above                            |  | 59-2389616   | No.                                    | ot Applicati                                 |
| Suite, Apt. #, i   | elc.  | Surte, Apt. #, etc.                     |  | 5. Certificate of Status Desired   | \$8.75                                 | Additional                                   |
| City & Otata   |   | 27                                      | ······································   | J. Softmode of States Desired  | Fee Re                                 | equired                                      |
| City & State   |   | City & State                            |  | 6. Election Campaign Financing   |  | May Be                                       |
| Z(p  | Country   | 7 <sub>(p)</sub>                        | Country  | 1rust Fund Contribution  |  | to Fees                                      |
| ]  | 25  | <b>├</b> ─ '                            | 30   | This corporation has liability for in Florida Statutes                                 | nlangible tax under s<br>] Yes □ No    | 199.032                                      |
|  | 9. Name and Address of Curren   |   | 501  | 10. Name and Address of New Reg  |  |  |
|  |   | · · · · · · - · · · · · · · · · · · · · | 81 Nagra D.C   | GIL PINTO  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
|  | V.I.P. MANAGEME   |   |  |  |  |  |
|  | 2531 ARAGON BLVI  |   | 4829   | tress (P.O. Box Number is Not Acceptable)  NW 95 AVE                                   | in'                                    |  |
| ູ 5  | SUNRISE FL 3333   | 22                                      | 83   | 23 2   |  |  |
| •  |   |   |  | , , , , , , , , , , , , , , , , , , ,  |  |  |
|  |   |   | 84 CEUNR   | RISE   | FI 85 Zip                              | Code<br><b>3 5 1</b>                         |
| 1. Pursuant to t   | the provision, of Sections 17.0502  | 2 and 617,1508, Florida Statuto         | s, the above-named cor-  | poration submits this statement for the putation's board of directors. I hereby accept | reace of changing it                   | lo rop otoro                                 |
| · ·  | 1 . \ V~X   | VIRO                                    | TI. PINTO  | DDECTDENM II U   | 2 I QX                                 |  |
| SIGNATURE  | nature, typical or reinted harful of register a agre-   |   | GIL PINTO  | red when reinstating)  | DATE                                   |  |
|  | nature track of content to the of register to age.  | DIRECTORS                               | 13.  | ADDITIONS/CHANGES TO OFFICE  |  |  |
| ITLE P   | nature type der feritor to fact registed a agre<br>SOFTICERS AND  |   |  |  | DIVIE<br>ERS AND DIRECTOR<br>Change    |  |
| TITLE P  | PD<br>VIRGIL PINTO  | DIRECTORS                               | 13.<br>1.1 TIDLE<br>1.2 NAME   |  |  |  |
| NAME STREET ADDRESS  | PD<br>VIRGIL PINTO<br>1829 NW 95 AVE  | DIRECTORS DILETE                        | 13. 1.1 TILE 1 2 NAME 1.3 STREEL ADDRESS   |  |  | RS IN 12                                     |
| VAME VAME VAITY-ST-ZIP VAITY-ST-ZIP  | PD<br>VIRGIL PINTO<br>1829 NW 95 AVE<br>SUNRISE_FL333   | DIRECTORS DILETE                        | 13. 1.1 TDLE 1.2 NAME 1.3 STAFFL ADDRESS 1.4 CITY-S1-ZIP   |  | ☐ Change                               | ☐ Additio                                    |
| TITLE PAME STREET ADDRESS STILE STILE V  | PD<br>VIRGIL PINTO<br>1829 NW 95 AVE<br>BUNRISE FL 3335   | DIRECTORS DILETE                        | 13.  1.1 TDLF  1.2 NAME  1.3 STAFF1 ADOHLSS  1.4 CITY-S1-ZIP  2.1 TITLE  |  |  | ☐ Additio                                    |
| THILE  VAME  VITY-S1-ZIP  VITY-S1-ZIP  VAME  VAME  VAME  | PD<br>VIRGIL PINTO<br>1829 NW 95 AVE<br>SUNRISE_FL333!<br>VD<br>DAVID ANDERSON  | DIRECTORS DILETE                        | 13.  1.1 TDLF  1.2 NAME  1.3 STAFFI ADDRESS  1.4 CITY-S1-ZIP  2.1 NITLF  2.2 NAME  |  | ☐ Change                               | Addition                                     |
| ITITLE VAME VSTREET ADDRESS 4 SITY-ST-ZIP VITLE VAME STREET ADDRESS 9  | PD VIRGIL PINTO 1829 NW 95 AVE SUNRISE FL 3335 VD DAVID ANDERSON 1474 NW 48 ST  | D DIRECTORS  DILETE  51  DELETE         | 13.  1.1 TOLF  1.2 NAME  1.3 STREFT ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  |  | ☐ Change                               | Addition                                     |
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| ITTLE  IAME  V  STREET ADDRESS  A  STITY-ST-ZIP  STREET ADDRESS  9  ST | PD VIRGIL PINTO 1829 NW 95 AVE SUNRISE_FL 3335 VD DAVID ANDERSON 0474 NW 48 ST SUNRISE_FL 33351   | D DIRECTORS  DILETE  DELETE             | 13.  1.1 TOLF  1.2 NAME  1.3 STREFT ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  |  | ☐ Change                               | Additio                                      |
| ITILE IAME VA STREET ADDRESS 4 STREET ADDRESS ITILE VA STREET ADDRESS 9 STRY-ST-ZIP STRY-STRY-STRY-STRY-STRY-STRY-STRY-STRY-  | PD VIRGIL PINTO 1829 NW 95 AVE SUNRISE_FL333! VD DAVID ANDERSON 0474 NW 48 ST SUNRISE_FL33351 SD RICHARD ENSLEIN  | D DIRECTORS  DILETE  DELETE             | 13.  1.1 TOLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  |  | ☐ Change                               | Additio                                      |
| TITLE  VAME  STREET ADDRESS  A  STREET ADDRESS  A  A  A  A  A  A  A  A  A  A  A  A   | PD VIRGIL PINTO 1829 NW 95 AVE SUNRISE_FL3335 VD DAVID ANDERSON 1474 NW 48 ST SUNRISE_FL33351 SI RICHARD ENSLEIN 1825 NW 95 AVE   | D DIRECTORS  DELETE  DELETE             | 13.  1.1 TOLE  1.2 NAME  1.5 STREEL ADORESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREEL ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  |  | ☐ Change                               | Additio                                      |
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