

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90103 021 ****61.25

DOCUMENT # 767131

1. Corporation Name

EVERGREEN LAKES HOMEOWNER'S 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
P.O. BOX 26478
FORT LAUDERDALE FL 33320-6478



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/23/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2389616	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

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
BETTY FRANKEL
82 Street Address (P.O. Box Number is Not Acceptable)
9494 NW 48 STREET
83
84 City
SUNRISE FL 85 Zip Code
33351

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

Betty Frankel
Signature, typed or printed name of registered agent and title if applicable.

BETTY FRANKEL
(NOTE: Registered Agent signature required when reinstating)

4/20/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DS
NAME	PINTO, VIRGIL	1.2 NAME	ALLEN BROWN
STREET ADDRESS	4829 N.W. 95TH AVE	1.3 STREET ADDRESS	9496 NW 48 ST
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	SUNRISE FL 33351
TITLE	VD	2.1 TITLE	DT
NAME	ANDERSON, DAVID	2.2 NAME	LISA ANNE FRANKEL
STREET ADDRESS	9474 NW 48TH STREET	2.3 STREET ADDRESS	4825 NW 95 AVE
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	SUNRISE FL 33351
TITLE	SD	3.1 TITLE	D
NAME	ENSLEIN, RICHARD	3.2 NAME	GARY M DELLAROCO
STREET ADDRESS	4825 NW 95TH AVE	3.3 STREET ADDRESS	4863 NW 95 AVE
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	SUNRISE FL 33351
TITLE	TD	4.1 TITLE	DP
NAME	FRANKEL, BETTY	4.2 NAME	
STREET ADDRESS	9494 NW 48TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	WILSON, MARIL	5.2 NAME	MARILYN L DEGANNES
STREET ADDRESS	4850 NW 95TH AVE	5.3 STREET ADDRESS	9404 NW 48 ST
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	SUNRISE FL 33351-5137
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20037 (11/98)