

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767131

1. Entity Name

EVERGREEN LAKES HOMEOWNER'S ASSOCIATION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90009 014 ****61.25

Principal Place of Business Mailing Address
 C/O ALLIANCE PROPERTY SYSTEMS C/O ALLIANCE PROPERTY SYSTEMS
 7101 WEST COMMERCIAL BLVD 4-A P.O.BOX 26478
 FORT LAUDERDALE FL 33319 FORT LAUDERDALE FL 33320-6478

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2389616** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FRANKEL, BETTY
 9494 NW 48 ST
 SUNRISE FL 33351

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS
 TITLE DS ☒ Delete
 NAME BROWN, ALLEN
 STREET ADDRESS 9496 NW 48 ST
 CITY-ST-ZIP SUNRISE FL
 TITLE DT ☐ Delete
 NAME FRANKEL, LISA ANNE
 STREET ADDRESS 4825 NW 95 AVE
 CITY-ST-ZIP SUNRISE FL
 TITLE D ☐ Delete
 NAME DELLAROCCHO, GARY M
 STREET ADDRESS 4863 NW 95 AVE
 CITY-ST-ZIP SUNRISE FL
 TITLE DP ☐ Delete
 NAME FRANKEL, BETTY
 STREET ADDRESS 9494 NW 48TH STREET
 CITY-ST-ZIP SUNRISE FL
 TITLE D ☐ Delete
 NAME DEGANNES, MARILYN L
 STREET ADDRESS 9404 NW 48 ST
 CITY-ST-ZIP SUNRISE FL
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 TITLE D ☐ Change ☒ Addition
 NAME ZUNILDA PAREDES
 STREET ADDRESS 9446 NW 48 ST
 CITY-ST-ZIP SUNRISE FL 33351
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DS ☒ Change ☐ Addition
 NAME MARILYN L DEGANNES
 STREET ADDRESS 9404 NW 48 ST
 CITY-ST-ZIP SUNRISE FL 33351
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L. DEGRANDI 4/26/00 (54) 748 4923
 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E037 (9/99)