

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90053 040 \*\*\*\*61.25



**DOCUMENT # 767131**

1. Entity Name  
**EVERGREEN LAKES HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business  
**8360 W. OAKLAND PKY BLVD.  
SUITE 301  
SUNRISE, FL 33351**

Mailing Address  
**C/O ALLIANCE PROPERTY SYSTEMS  
P.O. BOX 452199  
FORT LAUDERDALE, FL 33345-2199**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032005 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent

**FRANKEL, BETTY  
9494 NW 48 ST  
SUNRISE, FL 33351**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME FRANKEL-BRIDGES, LISA ANNE  
STREET ADDRESS 4825 NW 95 AVE  
CITY-ST-ZIP SUNRISE, FL

TITLE D/S ☐ Change ☒ Addition  
NAME John Esquivel  
STREET ADDRESS 9474 NW 48 St  
CITY-ST-ZIP Sunrise FL 33351

TITLE D ☐ Delete  
NAME BOLTZ, CHRISTEL M  
STREET ADDRESS 9479 NW 48TH ST  
CITY-ST-ZIP SUNRISE, FL 33351

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME FRANKEL, BETTY  
STREET ADDRESS 9494 NW 48TH STREET  
CITY-ST-ZIP SUNRISE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME GALLOWAY, JR, STEVE  
STREET ADDRESS 4850 NW 95TH AVE  
CITY-ST-ZIP SUNRISE, FL 333515119

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☒ Delete  
NAME DENSLOW, DAVID R  
STREET ADDRESS 9477 NW 48 ST  
CITY-ST-ZIP SUNRISE, FL 33351

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #