## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 03, 2006 8:00 am Secretary of State

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DOCUMENT # 767131  1. Entity Name EVERGREEN LAKES HOMEOWNER'S ASSOCIATION, INC.								_	044 ****61				
Principal Place of Business 8360 W. OAKLAND PKY BLVD. SUITE 301 SUNRISE, FL 33351			C/O / P.O.I	Mailing Address C/O ALLIANCE PROPERTY SYSTEMS P.O.BOX 452199 FORT LAUDERDALE, FL 33345-2199				 	B	<b>0</b> 3 (1 <b>0</b> 4 <b>0</b> 10)  <b>0</b> 10		TAUN UK TURN	
2. Principal Place of Business			3. Mai	3. Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				03232006	Chg-NP	CR2	E037 (11/05)		
City & State			Cit	City & State				4. FEI Numbe 59-238				oplied For ot Applicable	
Zip	Zip Country		Zip	Zip		Country		5. Certificate	of Status Desire	ed 🔲	\$8.75 Add	fitional	
	∽6. Name a	and Address of Currer	nt Registere	ed Agent				7. Name and	Address of Ne	w Registen	ed Agent		
FRANKEL, BETTY 9494 NW 48 ST SUNRISE, FL 33351				Name			Address (	ress (P.O. Box Number is Not Acceptable)					
JUNINE,	, FL 33331												
						City			_	F	Zip Cod	е	
8. The above	e named entity	submits this statement	for the purp	ose of changing its	register	ed office o	r register	red agent, or bo	th, in the State o	of Florida. 1	am familiar with,	and accept	
(NE OD)IGai	tions of registe	ered agent.											
SIGNATURE		x printed name of registered age	ent and title if app	olicable. (NÖTE	E: Registere	d Agent signa	ture required	when reinstating)		DA	E		
	Signature, typed of	is \$61.25	ent and title if app	9. Election Can	npaign F	inancing		\$5.00 May B	e	Make ch	eck payable t		
SIGNATURE	Signature, typed of	is \$61.25 ay 1, 2006		9. Election Can Trust Fund C	npaign F Contribut	inancing		\$5.00 May B Added to Fees	'	Make ch Florida De	eck payable t partment of S	tate	
SIGNATURE	Filing Fee Due by Ma	is \$61.25		9. Election Can Trust Fund C	npaign F Contribut	Financing ion.		\$5.00 May B	'	Make ch Florida De	eck payable to partment of SI DIRECTORS IN	110	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 attadpment with an address, with all other like empowered.

Assoc. President

CITY-ST-ZIP

SIGNATURE: 🚣

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve M. Galloway, Ir

Ø3 - 30 - 06

954-572-5900

Daytime Phone #