2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764226

1. Entity Name

EVERGLADES COMMUNITY ASSOCIATION, INCORPORATED



FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90167 003 ****70.00

<u> </u>							
Principal Plac	ce of Business	Mailing Address					
19308 SW 380 STREET P.C FLORIDA CITY FL 33034 FLO		P.O. BOX 343529 FLORIDA CITY FL 33034-0 US	FLORIDA CITY FL 33034-0529				
Principal Place of Business 3. M		3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 59-2247419 Applied For Not Applicab		,
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Ad	Idress of New Registered		
			Name	- ""			
WELLER	THOMAS ESQ.		Stroot	Street Address (P.O. Box Number is Not Acceptable)			
65 NW 1	6TH ST.		Street	Street Address (P.O. Box Number is Not Acceptable)			
HOMEST	EAD FL 33030						
<u>.</u>	**** -		City		F.	Zip Cod	le
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office o	or registered agent, or both, is			and accept
the obl y a	tions of registered agent.	The property of the same of th		regions of agong or soun, in	Transcription of the state of t	TOTAL TRACE	ana accept
	. ·						
SIGNATURE				****	· · · · · · · · · · · · · · · · · · ·		
•	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signa	ture required when reinstating)	DATE		
٧	7 .						
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		Make Chec	k Payable	to
	, x , A	inusi Funo, g	gentribution.	☐ Added to Fees	Florida Depa	rtment of :	State
10.	, OFFICERS AND DIF	RECTORS	11,	ADDITIONS/CHANG	 GES TO OFFICERS AND D	IRECTORS IN	10
TITLE	ED	☐ Delete	TITLE	7.0077107107070717111	alo to officero xito b	☐ Change	Addition
NAME	KIRK STEVEN	<u> </u>	NAME			Criange	☐ Addition
STREET ADDRESS	P.O. BOX 343529		STREET ADDRESS				
CITY-ST-ZIP	FLORIDA CITY, FL 33034		CITY-ST-ZIP				
TITLE	PD	☐ Delete	TITLE	C/3	,	Change	☐ Addition
NAME	JENSEN, ROBERT		NAME			A g-	
STREET ADDRESS	-1550·N·KROME·AVE	المسي مجازل ا	STREET ADDRESS:	many services and are the	ميادود أأديبي مرديهما	. z ==·	٠.
CITY-ST-ZIP	HOMESTEAD FL		CITY-ST-ZIP				
TITLE	VD	☐ Delete	TITLE			Change	☐ Addition
NAME	FERNANDO, PRO JR.		NAME				
STREET ADDRESS	20310 SW 106 AVE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
TITLE	TD	☐ Delete	TITLE			Change	Addition
NAME	ARTURO LOPEZ		NAME				•
STREET ADDRESS	P.O.BOX 900368 N/A		STREET ADDRESS				
CITY-ST-ZIP	HOMESTED FL 33090		CITY-ST-ZIP	<u>L</u>			
TITLE	SD	☐ Delete	TITLE	1		Change	Addition
NAME	REYNA SUSAN	-	NAME			3-	_
STREET ADDRESS	35801 SW 186 AVE		STREET ADDRESS				
CITY-ST-ZIP	FLORIDA CITY FL 33034		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 trustae 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SISMX DE TREDUIRED

Delete

2/26/2003

305-242-2142

☐ Change

Addition