I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

## SIGNATURE: GLEN HUGHES

Electronic Signature of Signing Officer/Director Detail

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.

Title

Name

Address	459 NW PRIMA VISTA BLVD.		
City-State-Zip:	PORT ST LUCIE FL 34983		

HUGHES, GLEN

PRESIDENT

TREASURER

NOCITIO, NICK

459 NW PRIMA VISTA BLVD.

PORT SAINT LUCIE FL 34983

459 NW PRIMA VISTA BLVD.

Address	459 NW PRIMA VISTA BLVD.
City-State-Zip:	PORT ST LUCIE FL 34983
Title	DIRECTOR
Name	SEYFFART, DAVID

City-State-Zip: PORT ST LUCIE FL 34983

Address	459 NW PRIMA VISTA BLVD.
City-State-Zip:	PORT ST LUCIE FL 34983
Title	SECRETARY
Name	SCHAEFER, RHONDA
Address	459 NW PRIMA VISTA BLVD.
City-State-Zip:	PORT ST LUCIE FL 34983

VP

DEPINO, JOE

Certificate of Status Desired: No

**Current Mailing Address:** 

C/O SIGNATURE PROPERTY MGMT 459 NW PRIMA VISTA BLVD. PORT ST LUCIE, FL 34983 US

### FEI Number: 59-2369464

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ROSS, DEBORAH LESQ. 789 S. FEDERAL HIGHWAY SUITE 101 STUART, FL 34994 US

**Officer/Director Detail :** 

SIGNATURE:

Title

Name

Title Name

Address

I

Address

City-State-Zip:

## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 739938**

#### Entity Name: EVERGREEN PROPERTY OWNERS ASSOCIATION, INC

# **Current Principal Place of Business:**

3218 SW ISLAND WAY PALM CITY, FL 34990

# 04/03/2018

PRESIDENT

# FILED Apr 03, 2018 Secretary of State CC2346903959

Date