

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747698

**FILED**  
**Feb 22, 2016**  
**Secretary of State**  
**CC8061086130**

**Entity Name:** THE EVERGLADES OF NORTH PALM BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

11770 US HIGHWAY ONE  
SUITE 301  
PALM BEACH GARDENS, FL 33408

**Current Mailing Address:**

11770 US HIGHWAY ONE  
SUITE 301  
PALM BEACH GARDENS, FL 33408 US

**FEI Number: 59-1980686**

**Certificate of Status Desired: No**

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

SKRLD, INC  
201 ALHAMBRA CIRCLE  
STE 1200  
CORAL GABLES, FL 33134 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SMITH, CAROL A  
Address 11770 US HIGHWAY ONE  
SUITE 301  
City-State-Zip: PALM BEACH GARDENS FL 33408

Title SECRETARY  
Name WENGIERSKI, TIM  
Address 11770 US HIGHWAY ONE  
SUITE 301  
City-State-Zip: PALM BEACH GARDENS FL 33408

Title VP  
Name VENEZIA, BOB  
Address 11770 US HIGHWAY ONE  
SUITE 301  
City-State-Zip: PALM BEACH GARDENS FL 33408

Title DIRECTOR  
Name JOHNSON, GOVE  
Address 11770 US HIGHWAY ONE  
SUITE 301  
City-State-Zip: PALM BEACH GARDENS FL 33408

Title TREASURER  
Name DWYER, KATHY  
Address 11770 US HIGHWAY ONE  
SUITE 301  
City-State-Zip: PALM BEACH GARDENS FL 33408

*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: CAROL SMITH**

**PRESIDENT**

**02/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date