## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 747698** 

Entity Name: THE EVERGLADES OF NORTH PALM BEACH CONDOMINIUM

ASSOCIATION, INC.

FILED Feb 20, 2015 Secretary of State CC6731552717

## **Current Principal Place of Business:**

11770 US HIGHWAY ONE

SUITE 301

PALM BEACH GARDENS, FL 33408

## **Current Mailing Address:**

11770 US HIGHWAY ONE SUITE E-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 Title CORRESPONDING SECRETARY

Name SMITH, CAROL A Name HAYS, RAE

Address 11770 US HIGHWAY ONE Address 11770 US HIGHWAY ONE

SUITE 301 SUITE 301

City-State-Zip: PALM BEACH GARDENS FL 33408 City-State-Zip: PALM BEACH GARDENS FL 33408

Title TD Title D

Name VENEZIA, BOB Name RICHER, CLAUDE B

Address 11770 US HIGHWAY ONE Address 11770 US HIGHWAY ONE

SUITE E-301 SUITE 301

City-State-Zip: PALM BEACH GARDENS FL 33408 City-State-Zip: PALM BEACH GARDENS FL 33408

Title DIRECTOR Title VP

Name JOHNSON, GOVE Name DWYER, KATHY

Address 11770 US HIGHWAY ONE Address 11770 US HIGHWAY ONE

SUITE 301 SUITE 301

City-State-Zip: PALM BEACH GARDENS FL 33408 City-State-Zip: PALM BEACH GARDENS FL 33408

Electronic Signature of Signing Officer/Director Detail

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.