

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01050

**Entity Name:** EVERGLADES CITY CLUB LODGE & VILLAS II CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 13, 2014**  
**Secretary of State**  
**CC3452515650**

**Current Principal Place of Business:**

211-221 SOUTH BUCKNER AVE  
EVERGLADES CITY, FL 34139

**Current Mailing Address:**

PO BOX 199  
BIGLERVILLE, PA 17307

**FEI Number: 65-0079825**

**Certificate of Status Desired: No**

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

DOUGHERTY, CAROL E  
211 SOUTH BUCKNER AV  
APT 814 BX 347  
EVERGLADES CITY, FL 34139 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 SCHMIDT, PETER  
Address 5540 ETON CT  
City-State-Zip: BOCA RATON FL 33486

Title VPD  
Name MILLER, ALTON  
Address 93 CITRUS TREE LANE  
City-State-Zip: LONGWOOD FL 32750

Title STD  
Name DOUGHERTY, CAROL E  
Address 40 SOUTH MAIN ST., PO BOX 199  
City-State-Zip: BIGLERVILLE PA 17307

Title D  
Name ANDERSON, SUE  
Address 6368 CEDAR POINT DR  
City-State-Zip: LOVES PARK IL 61111

Title D  
Name DOUGHERTY, PAUL F  
Address 40 SOUTH MAIN, PO BOX 199  
City-State-Zip: BIGLERVILLE PA 17307

*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 E. DOUGHERTY**

**SECRETARY/TREASURER 02/13/2014**

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

\_\_\_\_\_  
Date