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: JOSEPH SALAMANCA

I

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : Ti N A С

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.

# Electronic Signature of Registered Agent

City-State-Zip: RIVERVIEW FL 33569

Officer/Director Detail :							
Title	VPD			Title	PD		
Name	DYE, DAMON			Name	SALAMANCA, JOSEPH		
Address	11230 BLACK	FOREST TRAIL		Address	11107 BLACK FOREST TR		
City-State-Zip:	RIVERVIEW FL 33569			City-State-Zip:	RIVERVIEW FL 33569		
Title	STD						
Name	EBANKS	K, INDRA					
Address	11114 BLACK FOREST TRL						

# DOCUMENT# N0500004918

Entity Name: EVERWOOD HOMEOWNERS ASSOCIATION, INC.

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

4218 N. RIVERSIDE DRIVE TAMPA, FL 33603-3312

### **Current Mailing Address:**

POST OFFICE BOX 7692 TAMPA, FL 33673

#### FEI Number: 04-3818702

# Name and Address of Current Registered Agent:

HAUER, EDDY G 4218 RIVERSIDE DRIVE TAMPA, FL 33603 US

SIGNATURE:

FILED Jan 27, 2013 Secretary of State CC9165622836

Certificate of Status Desired: No

RL

01/27/2013

Date

Date

#### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

PRESIDENT