

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90187 015 ****61.25

DOCUMENT # 718296

1. Entity Name
EVERGLADES CITY VILLAS ASSOCIATION, INC.



Principal Place of Business
**410 RIVERSIDE DR.
P. O. BOX 5015
EVERGLADES CITY, FL 33929**

Mailing Address
**410 RIVERSIDE DR.
P. O. BOX 5015
EVERGLADES CITY, FL 33929**

40050460



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1785239

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, BURTON
410 RIVERSIDE DR.
EVERGLADES CITY, FL 33929**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARRIS, BURTON	
STREET ADDRESS	410 RIVERSIDE DR.	
CITY - ST - ZIP	EVERGLADES CITY, FL 00000,	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARRIS, CHRISTINE	
STREET ADDRESS	410 RIVERSIDE DR.	
CITY - ST - ZIP	EVERGLADES CITY, FL 00000,	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOHERTY, HELEN	
STREET ADDRESS	418 RIVERSIDE DR	
CITY - ST - ZIP	EVERGLADES CITY, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG R. WOODWARD	
STREET ADDRESS	1061 S. COLLIER BLVD PH-1	
CITY - ST - ZIP	MARCO ISLAND FL 33445	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNIE WOODWARD	
STREET ADDRESS	1061 S. COLLIER BLVD PH-1	
CITY - ST - ZIP	MARCO ISLAND, FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRAIG R. WOODWARD,

President 3/26/07 394-5161