


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # 718296 1. Entity Name EVERGLADES CITY VILLAS ASSOCIATION, INC.	
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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
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03262008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1785239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRIS, BURTON 410 RIVERSIDE DR. EVERGLADES CITY, FL 33929

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11000000904277

05/01/08-800006-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WOODWARD, CRAIG R 1061 S. COLLIER BLVD PH-1 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WOODWARD, BONNIE 1061 S. COLLIER BLVD PH-1 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOHERTY, HELEN 418 RIVERSIDE DR EVERGLADES CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

3/26/08 (239) 394-5161

Prodot