2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# 718296

Entity Name: EVERGLADES CITY VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

406 RIVERSIDE DRIVE
EVERGLADES CITY, FL 33929

New Principal Place of Business:

406 RIVERSIDE DRIVE
EVERGLADES CITY, FL 34139

Current Mailing Address:

P.O. BOX 5015
EVERGLADES CITY, FL 33929

New Mailing Address:

P.O. BOX 5015
EVERGLADES CITY, FL 34139

FEI Number: 59-1785239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODWARD, CRAIG R
606 BALD EAGLE DRIVE, SUITE 500
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

WOODWARD, CRAIG R
606 BALD EAGLE DRIVE,
SUITE 500
MARCO ISLAND, FL 34145 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: _____ 03/18/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WOODWARD, CRAIG R
Address: 1061 S. COLLIER BLVD PH-1
City-St-Zip: MARCO ISLAND, FL 34145

Title: STD ( ) Delete
Name: WOODWARD, BONNIE
Address: 1061 S. COLLIER BLVD PH-1
City-St-Zip: MARCO ISLAND, FL 34145

Title: D (X) Delete
Name: DOHERTY, HELEN
Address: 418 RIVERSIDE DR
City-St-Zip: EVERGLADES CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CRAIG R. WOODWARD P 03/18/2009
Electronic Signature of Signing Officer or Director — Date