

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90244 021 ****61.25

DOCUMENT # 725262

1. Entity Name

EVERGLADES LAKES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

3216 SW 50TH LANE
DAVIE FL 33314-1929
US

Mailing Address

3216 SW 50TH LANE
DAVIE FL 33314-1929
US

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

5381 S.W. 35TH ST.

Suite, Apt. #, etc.

3. Mailing Address

5381 S.W. 35TH ST.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

DAVIE, FL.

Zip
33314

Country

USA

City & State

DAVIE, FL.

Zip
33314

Country

USA

4. FEI Number

59-2249273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIEGRIST, ERNEST A
3216 SW 50TH LANE
DAVIE FL 33314-1929

7. Name and Address of New Registered Agent

Name TAVARES ROBERT A.

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

5381 S.W. 35TH ST.

City DAVIE

FL

Zip Code

33314

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 *Robert A. Tavares*

ROBERT A. TAVARES

4/16/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 P
NAME SIEGRIST, ERNEST A MR ☒ Delete
STREET ADDRESS 3216 SW 50TH LANE
CITY-ST-ZIP DAVIE FL 33314-2055

TITLE T
NAME TARLOW, ROBERTA S MS ☐ Delete
STREET ADDRESS 5360 SW 35TH MANOR
CITY-ST-ZIP DAVIE FL 33314-2055

TITLE VP
NAME SIEGRIST, YVONNE L MRS ☒ Delete
STREET ADDRESS 3216 SW 50TH LANE
CITY-ST-ZIP DAVIE FL 33314-2055

TITLE S
NAME TAVARES, EDNA MRS ☐ Delete
STREET ADDRESS 5381 SW 35TH STREET
CITY-ST-ZIP DAVIE FL 33314-2055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME TAVARES, ROBERT A. MR.
STREET ADDRESS 5381 S.W. 35TH ST.
CITY-ST-ZIP DAVIE, FL 33314-2055

TITLE T ☐ Change ☐ Addition
NAME TARLOW, ROBERTA S.
STREET ADDRESS 5208 SW 33rd ST.
CITY-ST-ZIP DAVIE, FLA 33314-1917

TITLE V.P. ☒ Change ☐ Addition
NAME MELCHIONNO, PAT
STREET ADDRESS 3021 S.W. 52ND AVE.
CITY-ST-ZIP DAVIE, FL 33314-2055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert A. Tavares* ROBERT A. TAVARES 4/16/08 954-321-6603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone/Fax