

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725262

FILED
Mar 22, 2009
Secretary of State

Entity Name: EVERGLADES LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5381 SW 35TH STREET
DAVIE, FL 33314 US

New Principal Place of Business:

3216 SW 50TH LANE
DAVIE, FL 33314 US

Current Mailing Address:

5381 SW 35TH STREET
DAVIE, FL 33314 US

New Mailing Address:

3216 SW 50TH LANE
DAVIE, FL 33314 US

FEI Number: 59-2249273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAVARES, ROBERT A
5381 SW 35TH STREET
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

SIEGRIST, ERNEST A
3216 SW 50TH LANE
DAVIE, FL 33314 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: ERNEST A. SIEGRIST

03/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAVARES, ROBERT A MR.
Address: 5381 SW 85TH STREET
City-St-Zip: DAVIE, FL 33314

Title: T () Delete
Name: TARLOW, ROBERTA S MS
Address: 5208 SW 33RD STREET
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: MELCHIAONNO, PAT
Address: 3021 SW 52ND AVE
City-St-Zip: DAVIE, FL 33314

Title: S () Delete
Name: TAVARES, EDNA MRS
Address: 5381 SW 35TH STREET
City-St-Zip: DAVIE, FL 333142055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIEGRIST, ERNEST A MR.
Address: 3216 SW 50TH LANE
City-St-Zip: DAVIE, FL 33314

Title: T (X) Change () Addition
Name: SIEGRIST, YVONNE L MS
Address: 3216 SW 50TH LANE
City-St-Zip: DAVIE, FL 333142055 US

Title: VP (X) Change () Addition
Name: SCHOLL, PETER
Address: 5371 SW 33RD STREET
City-St-Zip: DAVIE, FL 333142055 US

Title: S (X) Change () Addition
Name: GOSS, D. MARCIA MS
Address: 5280 SW 33RD STREET
City-St-Zip: DAVIE, FL 333142055 US

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: ERNEST A. SIEGRIST

P

03/22/2009

Electronic Signature of Signing Officer or Director

Date