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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 733915

(3)

EVERGREEN COMMUNITY CLUB, INC.

| Principal Place of Business Mailing Address | | | | | | | t jankt ledne tilde tille latet king hatt blatt blett etett etett dibit et | 411 1 4 6 1 | |
|--|------------------------------------|--------------------------|--|---|---------|-------------|---|--------------------|--|
| RT 7 BOX 124 YULEE FL 32097 | | | 2694 SAND HILL RD. YULEE FL 32097 | | | | 3. Date Incorporated or Qualified | | |
| US | | | US | US | | | 09/24/1975 4. FEI Number Applied | 4 F | |
| | | | | | | | 1 | plicable | |
| 2. Prin | cipal Place of Busi | ness | 2a. Mailing Address | 2a. Mailing Address | | | CO 75 448 | ` | |
| 21 | | | 26 | · • · · · · · · · · · · · · · · · · · · | | | 5. Certificate of Status Desired Fee Require | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | - | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| City & State | | | City & State | City & State | | | 7. Is this nonprofit corporation a homeowners association? | | |
| 23 | | | 28 | | | | ☐ Yes ☐ No | | |
| Zip | | | Zip | · — · | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | |
| 24 | o Neme | 25] and Address of Cu | 29 29 Annual Annual Control Registered Agent | 130 | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | |
| 9. Name and Address of Current Registered Agent | | | | | | Name | 10. Hallie Bilo Addiess of New Negleteral Agent | | |
| W | WHITE, AMOS | | | | | | | | |
| RT 7 BOX 124 | | | | | 82 | Street Addr | ess (P.O. Box Number is Not Acceptable) | | |
| | ULEE FL 32097 | | | | 83 | | | | |
| | | | | | 84 | City | 85 Zip Code | • | |
| 44 D | sought to the provide | ions of Castions 617 | 0500 and 617 1500 Florida Otal | tutos the s | | named acre | FL 80 217 COOK | violend | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered. | | | | | | | | | |
| agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | | |
| SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms represent the printed when reinstating) DATE | | | | | | | | | |
| 12. | | | AND DIRECTORS | 13. | <u></u> | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | 12 | |
| TITLE | PD | · | DELETE | 1.1 TI | TLE | | ☐ Change ☐ | Addition | |
| NAME | WHITE, | | | 1.2 N | AME | | | | |
| STREET A | STREET ADDRESS 2694 SAND HILL ROAD | | | 1.3 STR | | address | | 1 | |
| | ITY-ST-ZIP YULEE FL | | | | ITY-ST | - ZIP | | A Janua I | |
| TITLE | 1110011 5050015 | | ☐ DELETE | | | - | L. Change L. | Addition | |
| NAME | | | | 2.2 NAME | | | | | |
| | VINCE CI | | | 2.3 STREET ADDRESS | | | | | |
| CITY-ST TITLE | SD SD | 16 | DELETE | 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE | | 1-2119 | ☐ Change ☐ | Addition | |
| NAME | MASON | I. IDA | | 3.2 N | | - | _ Julijo | | |
| STREET A | DT = D | | | | | address | | | |
| CITY-ST | ZIP YULEE | FL | | | HY-ST | - 1 | | | |
| TITLE | T | " | ☐ DELETE | 4.1 Ti | TLE | | Change | Addition | |
| NAME | | ree, freedonia | | 4.2 N | IAME | | | | |
| STREET A | | | | 4.3 \$1 | TREET A | address | | | |
| CITY-ST | ZIP YULEE | FL | - On the | _ | ITY-ST | • ZIP | | 4 1 111 | |
| TITLE | | | ☐ DELETE | 5.1 TI | | | L_J Change L_ | Addition | |
| NAME | | | | 5.2 N | | | | | |
| STREET A | 4 | | | | | ADDRESS | |] | |
| CITY-ST | ZIF . | - | DELETE | 5.4 C | MY-ST | - ZIP | Change L | Addition | |
| NAME | | | DEETE | 6.1 N | | | اسا داده این در این | | |
| STREET A | DORESS | | | | | NDDRESS | | | |
| O'ILLI P | | | | 0.00 | ,LL, P | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Amos White

March5/998 Gof-225-9470

FILED

Mar 11 1998 8:00am

Secretary of State