FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
MAY -1 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 739938 (9)

1. Corporation Name

EVERGREEN PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business
4225 S.W. BIMINI CIRCLE SOUTH
PALM CITY FL 34990

Mailing Address
4225 S.W. BIMINI CIRCLE SOUTH
PALM CITY FL 34990

3. Date Incorporated or Qualified: **08/18/1977**
3a. Date of Last Report: **06/03/1994**
4. FEI Number: **59-1763656** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WACKEEN, W. THOMAS, ESQ.
401 E. OSCEOLA STREET
SUITE 102
STUART FL 33494

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	SONSTROEM, WALTER	1.2 NAME	
STREET ADDRESS	4916 S W BIMINI CIRCLES	1.3 STREET ADDRESS	
CITY ST ZIP	PALM CITY FL	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, GERARD	2.2 NAME	
STREET ADDRESS	3621 S W BIMINI CIRCLE N	2.3 STREET ADDRESS	
CITY ST ZIP	PALM CITY FL	2.4 CITY ST ZIP	
TITLE	PD	3.1 TITLE	☒ Change ☐ Addition
NAME	MACALUSO, CHARLES	3.2 NAME	DELETE
STREET ADDRESS	3816 S.W. BIMINI CIR S.	3.3 STREET ADDRESS	
CITY ST ZIP	PALM CITY FL	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE → VD	☒ Change ☐ Addition
NAME	MAHER, JEAN	4.2 NAME	
STREET ADDRESS	4854 S.W. BERMUDA WAY	4.3 STREET ADDRESS	
CITY ST ZIP	PALM CITY FL	4.4 CITY ST ZIP	
TITLE	TD	5.1 TITLE → PTD	☒ Change ☐ Addition
NAME	PIERRE, VALLET	5.2 NAME	
STREET ADDRESS	4462 S.W. BIMINI CIR N.	5.3 STREET ADDRESS	
CITY ST ZIP	PALM CITY FL	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	EDWARD DEMAREST
STREET ADDRESS		6.3 STREET ADDRESS	5211 S.W. BIMINI CIR N.
CITY ST ZIP		6.4 CITY ST ZIP	PALM CITY, FL. 34990

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Pierre Vallet PIERRE VALLET 4/28/95 (407) 288-0648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070461