

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 739938 (9)
1. Corporation Name
EVERGREEN PROPERTY OWNERS ASSOCIATION, INC



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

3. Date Incorporated or Qualified 08/18/1977 3a. Date of Last Report 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1763656	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

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

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	VSD
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	PD
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	D	3.1 TITLE	TD
NAME	DEMAREST, EDWARDS	3.2 NAME	
STREET ADDRESS	5211 S.W. BIMINI CIR N	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	D
NAME	MAHER, JEAN	4.2 NAME	JANICE FRANK
STREET ADDRESS	4854 S.W. BERMUDA WAY	4.3 STREET ADDRESS	3645 S.W. BIMINI CIR. S
CITY - ST - ZIP	PALM CITY FL	4.4 CITY - ST - ZIP	PALM CITY FL 34990
TITLE	PTD	5.1 TITLE	D
NAME	PIERRE, VALLET	5.2 NAME	WILLIAM NEILLY
STREET ADDRESS	4462 S.W. BIMINI CIR N.	5.3 STREET ADDRESS	4162 S.W. BIMINI CIR. N
CITY - ST - ZIP	PALM CITY FL	5.4 CITY - ST - ZIP	PALM CITY FL 34990
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(k), 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:

Edward Demarest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

407-287-7378

CR2E037 (12/95)