


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **739938** (9)

1. Corporation Name

EVERGREEN PROPERTY OWNERS ASSOCIATION, INC



Principal Place of Business

Mailing Address

**4225 S.W. BIMINI CIRCLE SOUTH
PALM CITY FL 34990**

**4225 S.W. BIMINI CIRCLE SOUTH
PALM CITY FL 34990-1346**

3. Date Incorporated or Qualified
08/18/1977

3a. Date of Last Report
03/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1763656

Applied For
☐ Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VSD**
STREET ADDRESS **SONSTROEM, WALTER**
CITY-ST-ZIP **4916 S W BIMINI CIRCLES**
PALM CITY FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **P**
1.3 STREET ADDRESS **EDWARD DEMAREST**
1.4 CITY-ST-ZIP **5211 SW BIMINI CIRCLE N**
PALM CITY, FL 34990

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **SIMPSON, GERARD**
CITY-ST-ZIP **3621 S W BIMINI CIRCLE N**
PALM CITY FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VP/S**
2.3 STREET ADDRESS **BILL NEILLY**
2.4 CITY-ST-ZIP **4162 SW BIMINI CIRCLE N**
PALM CITY, FL 34990

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **DEMAREST, EDWARDS**
CITY-ST-ZIP **5211 S.W. BIMINI CIR N**
PALM CITY FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **T**
3.3 STREET ADDRESS **BOB ODGERS**
3.4 CITY-ST-ZIP **3825 BIMINI CIRCLE S**
PALM CITY, FL 34990

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **FRANK, JANICE**
CITY-ST-ZIP **3645 SW BIMINI CIRCLE S**
PALM CITY FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **JANICE FRANK**
4.4 CITY-ST-ZIP **3645 SW BIMINI CIRCLE S**
PALM CITY, FL 34990

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **NEILLY, WILLIAM**
CITY-ST-ZIP **4162 SW BIMINI CIRCLE NORTH**
PALM CITY FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **PHILLIP MOYER**
5.4 CITY-ST-ZIP **4342 SW BIMINI CIRCLE N**
PALM CITY, FL 34990

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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

Edward Demarest

4/15/97

CR2E037 (9/96)