

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739938

1. Entity Name

EVERGREEN PROPERTY OWNERS ASSOCIATION, INC

FILED

Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90068 009 \*\*\*\*61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1763656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, DEBORAH L. ESQ.  
401 E. OSCEOLA STREET  
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SPAMPANI, PETER	
STREET ADDRESS	3711 SW BIMINI CIR N	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FETTA, ED	
STREET ADDRESS	4946 SW BIMINI CIR N	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MYKOWSKI, ANTHONY	
STREET ADDRESS	4653 SW BERMUDA WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMPSON, GERARD	
STREET ADDRESS	3621 SW BIMINI CIR N	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLOMAN, DAN	
STREET ADDRESS	4886 SW BIMINI CIR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD ROBERT C.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>BOB GREGG</del> ODDERS	
STREET ADDRESS	3823 SW BIMINI CR. S.	
CITY-ST-ZIP	Palm City, FL	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Hagerich	
STREET ADDRESS	3622 BIMINI Circle N	
CITY-ST-ZIP	Palm City, FL	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nick Falbo	
STREET ADDRESS	4582 SW BIMINI Circle N	
CITY-ST-ZIP	Palm City, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON CARDIN	
STREET ADDRESS	4151 SW BIMINI Cir. S.	
CITY-ST-ZIP	Palm City, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

772 220-4155

Date

Daytime Phone #

CR&E037 (9/01)