
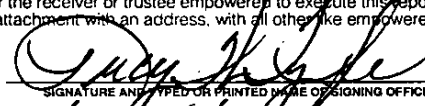


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90161 004 ****61.25

DOCUMENT # 739938					
1. Entity 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		
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 <div style="float: right;">Applied For <input type="checkbox"/> Not Applicable</div>	
				5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, MARY		NAME	MAIREEN BREZLAUER	
STREET ADDRESS	4042 SW BIMINI CIR. N		STREET ADDRESS	5151 BIMINI CIRCLE N.	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGERICH, BRIAN		NAME	LUCY W. FYFE	
STREET ADDRESS	3622 BIMINI CIR N		STREET ADDRESS	4971 SW BIMINI CIRCLE N	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALBO, NICK		NAME	JOHN MCADDO	
STREET ADDRESS	4582 SW BIMINI CIR N		STREET ADDRESS	5366 SW LEeward LANE	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKMAN, ROBERT		NAME	ROBERT BECKMANN	
STREET ADDRESS	4545 SW BIMINI CIR S		STREET ADDRESS	4545 SW BIMINI CIRCLE S.	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEILLY, WILLIAM		NAME	JEFF WALSH	
STREET ADDRESS	4162 BIMINI CIRCLE		STREET ADDRESS	4305 SW BIMINI CIRCLES.	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	PALM CITY- FL 34990	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			3/1/06 772 286 3208 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					