


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90038 016 ****61.25

DOCUMENT # 739938 1. Entity Name EVERGREEN PROPERTY OWNERS ASSOCIATION, INC					
Principal Place of Business 3218 SW ISLAND WAY PALM CITY, FL 34990			Mailing Address 3218 SW ISLAND WAY PALM CITY, FL 34990		
2. Principal Place of Business - No P.O. Box # 4 BRISTOL MANAGEMENT			3. Mailing Address 543 NW LAKE WHITNEY PLACE		
Suite, Apt. #, etc. SUITE 101			Suite, Apt. #, etc. SUITE 101		
City & State PORT ST LUCIE FL			City & State PORT ST LUCIE FL		
Zip 34981		Country USA		4. FEI Number 59-2369464	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROSS, DEBORAH L ESQ. 759 S. FEDERAL HIGHWAY #212 STUART, FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	VPD BRESLAUER, MAUREEN <input checked="" type="checkbox"/> Delete 5151 BUMINI CIR, N PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DARLA CARTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4161 SW BIMINI CIRCLE N PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FYFE, LUCY W <input type="checkbox"/> Delete 4971 SW BIMINI CIR, N PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DALE WICK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4975 SW BIMINI CIRCLE S PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCADOO, JOHN <input type="checkbox"/> Delete 4993 SW BERMUDA WAY PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOMENIK, TRACY <input checked="" type="checkbox"/> Delete 4462 SW BIMINI CIR N PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALSH, JEFF <input type="checkbox"/> Delete 4305 SW BIMINI CIR, S PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>John McAdo</u> JOHN McADOO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-24-08 (772) 287-3467 <small>Date Daytime Phone #</small>		