

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90063 014 \*\*\*\*61.25

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<b>DOCUMENT # 740958</b> 1. Entity Name EVERGREEN COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 3945 PINETOP BLVD TITUSVILLE, FL 32796 US			Mailing Address P. O. BOX 6665 TITUSVILLE, FL 32782 US		
2. Principal Place of Business 1250 PINE CONE CT		3. Mailing Address			
Suite, Apt. #, etc. TITUSVILLE		Suite, Apt. #, etc.			
City & State FL		City & State			
Zip 32796		Country US		Zip	
Country		Country			
4. FEI Number 59-1853266			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  MARS, CHARLES B 3970 PINETOP BLVD. TITUSVILLE, FL 32796			7. Name and Address of New Registered Agent Name FRED A STONE Street Address (P.O. Box Number is Not Acceptable) 1250 PINE CONE CT City TITUSVILLE FL Zip Code 32796		
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 <u>Fred A Stone</u> FRED A STONE, PRESIDENT 2/14/06 <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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BARNES, PATRICIA 3980 PINETOP BLVD. TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARS, CHARLES 3970 PINETOP BLVD TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HERRON, SHERI 4015 SPREY CT. TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FRED A STONE 1250 PINE CONE CT TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOHN ENGEL 1217 SAND PINE CIR TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CAROLYN WINN 1120 SANDPINE CIR TITUSVILLE, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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>Fred A Stone</u> FRED A STONE 2/14/06 321-267-1175 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					