2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 740958

Entity Name: EVERGREEN COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1250 PINE CONE CT
TITUSVILLE, FL 32796 US

New Principal Place of Business:

3940 PINETOP BLVD
TITUSVILLE, FL 32796 US

Current Mailing Address:

P. O. BOX 6665
TITUSVILLE, FL 32782 US

New Mailing Address:

FEI Number: 59-1853266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STONE, FRED A
1250 PINE CONE CT
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

CABE, WILLIAM L
3940 PINETOP BLVD
TITUSVILLE, FL 32796 US

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: WILLIAM L. CABE 04/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: STONE, FRED A
Address: 1250 PINE CONE CT
City-St-Zip: TITUSVILLE, FL 32796

Title: DVP ( ) Delete
Name: ENGEL, JOHN
Address: 1217 SAND PINE CIR
City-St-Zip: TITUSVILLE, FL 32796

Title: DST ( ) Delete
Name: WINN, CAROLYN
Address: 1120 SAND PINE CR
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CABE, WILLIAM L
Address: 1250 PINE CONE CT
City-St-Zip: TITUSVILLE, FL 32796

Title: DVP (X) Change ( ) Addition
Name: HERRON, JOE
Address: 4015 OSPREY CT.
City-St-Zip: TITUSVILLE, FL 32796

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. CABE DP 04/06/2009
Electronic Signature of Signing Officer or Director Date