

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90064 011 ****61.25

DOCUMENT # 741733



1. Entity Name
**EVERGREEN HOMES VILLAGE HOMEOWNERS
ASSOCIATION, INC.**

Principal Place of Business
**13800 SW 144 AVE RD
MIAMI, FL 33186**

Mailing Address
**13800 SW 144 AVE RD
MIAMI, FL 33186**

40037266



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2350354

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SUITS, STEPHEN E
13800 SW 144 AVE RD
MIAMI, FL 33186**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **PD** ☐ Delete
NAME **ABBOTT, DONALD**
STREET ADDRESS **14046 SW 58TH LANE**
CITY- ST- ZIP **MIAMI, FL 33183**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **TD** ☐ Delete
NAME **PADILLA, ENRIQUE**
STREET ADDRESS **5702 SW 140 AVE**
CITY- ST- ZIP **MIAMI, FL 33183**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **VP** ☐ Delete
NAME **KHAN, MOHAMMAD**
STREET ADDRESS **14046 SW 57 TERRACE**
CITY- ST- ZIP **MIAMI, FL 33183**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **SD** ☐ Delete
NAME **DELAPAZ, LOURDES**
STREET ADDRESS **13900 SW 56TH LN**
CITY- ST- ZIP **MIAMI, FL 33183**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **DD** ☐ Delete
NAME **ABBOTT, GLORIA**
STREET ADDRESS **14046 SW 58TH LN**
CITY- ST- ZIP **MIAMI, FL 33183**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **D** ☐ Delete
NAME **CASTRO, PIERRE**
STREET ADDRESS **14005 SW 56 LANE**
CITY- ST- ZIP **MIAMI, FL 33183**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2007

305-867-2250
Daytime Phone #