

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90008 031 ****61.25

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DOCUMENT # 755424 1. Entity Name EVERGLADES VILLAS CONDOMINIUM OWNERS' ASSOCIATION, INC.					
Principal Place of Business 4623 VILABELLA DR. SEBRING, FL 33872			Mailing Address 4623 VILABELLA DR. SEBRING, FL 33872		
2. Principal Place of Business 4701 VILABELLA DR.		3. Mailing Address 4701 VILABELLA DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SEBRING, FL		City & State SEBRING, FL		4. FEI Number 59-2351174	
Zip 33872		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33872		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARLSON, RICHARD F. 4623 VILABELLA DR. SEBRING, FL 33872			7. Name and Address of New Registered Agent Name DIANE ROBERTS Street Address (P.O. Box Number is Not Acceptable) 2726 WINDING WATERS DR. City AVON PARK FL 33825		
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><i>Diane E Roberts</i></u> 7-28-04 <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 September 8, 2004		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	DS MANENT, NEATA <input checked="" type="checkbox"/> Delete 4703 VILABELLA DR SEBRING, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIANE ROBERTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2726 WINDING WATERS DR. AVON PARK, FL 33825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARLSON, RICHARD F. <input checked="" type="checkbox"/> Delete 4623 VILABELLA DR. SEBRING, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVID LAMB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4627 VILABELLA DR. SEBRING, FL 33872	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT CARLSON, DORIS J. <input checked="" type="checkbox"/> Delete 4623 VILABELLA DR. SEBRING, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S ERIN ROBERTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4701 VILABELLA DR. SEBRING, FL 33872	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENNY, LESLIE <input checked="" type="checkbox"/> Delete 4635 VILABE DR. SEBRING, FL 33872		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"/> Delete		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"/> 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 exemption stated in Section 119.07(3)(i), 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><i>Diane E Roberts</i></u> <u>DIANE E ROBERTS</u> <u>7-28-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					