2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Name EVERGLA	MENT # 755424 ADES VILLAS CONDOMINII TION, INC.	UM OWNERS'				08-02-2004	4 90008 031 *	****61.2	25	
Principal Place of Business 4623 VILABELLA DR. SEBRING, FL 33872 Mailing Address 4623 VILABELLA DR. SEBRING, FL 33872 SEBRING, FL 33872								540	66120	
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24 70 T	ace of Business VILABELLA DR.	3. Mailing Address 4701 VILABELLA DR.								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			07262004	hg-NP	CR2E037 (10/	(03)		
SEBRIN	G, FL	City & State SEBRING,	FL		4. FEI Number 59-23511	74		Applied Not App		
3 ⁷ 872	Country USA	^{Zip} 33872	Cou US	intry A	5. Certificate of S	Status Desired		5 Additiona equired	ai	
	6. Name and Address of Current F	Registered Agent			7. Name and Ad	dress of New R	egistered Agent			
				Name DIANE ROBERTS						
CARLSON, RICHARD F. 4623 VILABELLA DR. SEBRING, FL 33872				Street Address (P.O. Box Number is Not Acceptable) 2/26 WINDING WATERS DR.						
				City AV	N PARK	<u> </u>	FL Z	§82 5		
	named entity submits this statement for ons of registered agent.	but	egistere			T The State of Fic	- 28 - Z	> <u>4</u>	·	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registerer	d Agent signature	required when reinstating)		DATE			
	Signature, typed or printed name of registered agent a filling Fee is \$61.25 as by September 8, 2004	9. Election Carr Trust Fund C	paign F	inancing	\$5.00 May Be		ake check paya			
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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: _

larre SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR