



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90092 016 ****61.25

DOCUMENT # 755424 1. Entity Name EVERGLADES VILLAS CONDOMINIUM OWNERS' ASSOCIATION, INC.			
Principal Place of Business 4701 VILABELLA DR SEBRING, FL 33872		Mailing Address 4701 VILABELLA DR SEBRING, FL 33872	
2. Principal Place of Business 4635 Vilabella Dr. Suite, Apt. #, etc. Sebring, FL City & State 33872 USA Zip Country		3. Mailing Address 4635 Vilabella Dr. Suite, Apt. #, etc. Sebring, FL City & State 33872 USA Zip Country	
			
		50033502	
		03292005 Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-2351174	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTS, DIANE 2726 WINDING WATERS DR AVON PARK, FL 33825		7. Name and Address of New Registered Agent Name Larry Lamparski Street Address (P.O. Box Number is Not Acceptable) 4635 Vilabella Dr. City Sebring FL Zip Code 33872	
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 Larry Lamparski <small>Signature, typed or printed name of registered agent and title if applicable.</small>		3/29/05 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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	P ROBERTS, DIANE 2726 WINDING WATERS DR AVON PARK, FL 33825	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, DIANE	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2726 WINDING WATERS DR	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	AVON PARK, FL 33825	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V LAMB, DAVID 4627 VILABELLA DR SEBRING, FL 33872	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, DAVID	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4627 VILABELLA DR	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SEBRING, FL 33872	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TS ROBERTS, ERIN 4701 VILABELLA DR SEBRING, FL 33872	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, ERIN	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4701 VILABELLA DR	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SEBRING, FL 33872	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S Dorothy Lamb 4627 Vilabella Dr. Sebring, FL 33872	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Lamb	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4627 Vilabella Dr.	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	Sebring, FL 33872	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S Dorothy Lamb 4627 Vilabella Dr. Sebring, FL 33872	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Lamb	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4627 Vilabella Dr.	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	Sebring, FL 33872	<input type="checkbox"/> Delete	<input checked="" 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: Dorothy Lamb <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03/29/05 <small>Date</small>	
		<small>Daytime Phone #</small>	