## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #757120** 

## FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90485 037 \*\*\*\*61.25

1. Entity Nam EVERGR	EEN COND	OOMINIUM ASSOC	CIATION, INC.						<del></del>	,	
5310 LAS VERDES CIRCLE % L P.O. BOX 350 640		Mailing Address % LIPPMAN & LIPPMAN 6401 CONGRESS AVE- BOCA RATON, FL 3348	LIPPMAN & LIPPMAN 101 CONGRESS AVE- STE 140 DCA RATON, FL 33487 US		<b>4 (18</b> 41) ( <b>1844)</b>	1111 I <b>sso</b> i II <b>sio</b> II <b>s</b> i	50018				
2. Principal Place of Business 3. Mai					3. Mailing Address						
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03042006	Chg-NP	CR2E037 (1	1/05)			
City & State Ci			City & State	ity & State		4. FEI Number 59-2702462			Applied For Not Applicable		
Zip		Country	Zip	Country		5. Certificate o	f Status Desired		75 Addi Required	tional	
6. Name and Address of Current Registers			istered Agent			7. Name and A	ddress of New	Registered Agen	it		
			· · · · · · · · · · · · · · · · · · ·	Name							
LIPPMAN, KAREN 6401 CONGRESS AVE STE 140					Street Address (P.O. Box Number is Not Acceptable)						
	TON, FL 334	187									
	ŕ			City				FL	Zip Code		
SIGNATURE .	Filing Fee i			E: Registered Agent signa		<b>\$5.00</b> May Be		DATE  Make check payrida Departmen	-		
	Due by Ma			CONTRIBUTION.		Added to Fees	1	ilua Departillei	111 01 314	166	
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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: Carine Villam CARLINE VILLAIN PRESIDENT ANS 18 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-573-4392