


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 757120</b>		
1. Entity Name EVERGREEN CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 5310 LAS VERDES CIRCLE P.O. BOX 350 DELRAY BEACH, FL 33484 US	Mailing Address % LIPPMAN & LIPPMAN 6401 CONGRESS AVE- STE 140 BOCA RATON, FL 33487 US
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**50018014**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03042006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2702462	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LIPPMAN, KAREN 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487		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, 2006**

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	S	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROWN, NORMA		NAME	Lesley, Tom	
STREET ADDRESS	5310 LAS VERDES CIRCLE, # 110		STREET ADDRESS	5310 Las Verdes Circle # 209	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	DeLray Beach, FL 33484	
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, CONNIE		NAME	Levy, Connie	
STREET ADDRESS	5310 LAS VERDES CIRCLE #212		STREET ADDRESS	5310 Las Verdes Circle #212	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	DeLray Beach, FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCKINGHAM, LOWELL		NAME	Mantastti, Tom	
STREET ADDRESS	5310 LAS VERDES CIRCLE, # 216		STREET ADDRESS	5310 Las Verdes circle # 105	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	DeLray Beach, FL 33484	
TITLE	T	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLA, CARLINE		NAME	Villa, Car Line	
STREET ADDRESS	5310 LAS VERDES CIRCLE #301		STREET ADDRESS	5310 Las Verdes Circle # 301	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	DeLray Beach, FL 33484	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRABITO, FRANK		NAME	Balson, Harriet	
STREET ADDRESS	5310 LAS VERDES CIR, #222		STREET ADDRESS	5310 Las Verdes circle #210	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	DeLray Beach, FL 33484	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** Carline Villan **CARLINE VILLAN** President 4/8/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

561-573-4392