2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State
05-23-2008 90018 033 ****61.25

DOCUMENT # 757120

1. Entity Name
EVERGREEN CONDOMINIUM ASSOCIATION, INC.

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

05132008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address c/o Gallup Account dOGAllup Accounting
Suite, Apt. #, etc.	Suite, Apt. #, etc. 617 GEORGE BUSH Blvd
City & State	City & State DELRAY BEACH, FL
Zip / Country	Zip 33483 / Country

4. FEI Number 59-2702462 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 DAVID PUGH Street Address (P.O. Box Number is Not Acceptable) 617 GEORGE BUSH Blvd City DELRAY BEACH FL Zip Code 33483

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 _____ 5/14/08
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 September 12, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T SULLIVAN, JOHN 5310 LAS VERDES DR #208 DELRAY BEACH, FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ D LEVY, CONNIE 5310 LAS VERDES CIRCLE #212 DELRAY BEACH, FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LEVY, CONNIE 5310 LAS VERDES CIRCLE #212 DELRAY BEACH, FL 33484	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANTASITI, TOM 5310 LAS VERDES CIRCLE #212 DELRAY BEACH, FL 33484	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VILLAIN ~~VILLA~~ CARLINE 5310 LAS VERDES CIRCLE #301 DELRAY BEACH, FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CARLINE VILLAIN 5310 LAS VERDES CIRCLE #301 DELRAY BEACH, FL 33484	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CROWN, NORMA 5310 LAS VERDES CIRCLE #210 DELRAY BEACH, FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHALY JEFF 5310 LAS VERDES CIR #111 DELRAY BCH, FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JEFF SCHALY 5310 LAS VERDES CIRCLE #111 DELRAY BEACH, FL 33484	☐ Change ☒ Addition

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 VILLAIN PRESIDENT 5/14/08 561-272-2617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #