2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#757120

FILED Feb 26, 2009 Secretary of State

Entity Name: EVERGREEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5310 LAS VERDES CIRCLE 5310 LAS VERDES CIRCLE P.O. BOX 350 DELRAY BEACH, FL 33484 US DELRAY BEACH, FL 33484 US **New Mailing Address: Current Mailing Address:** C/O GALLUP ACCOUNT 817 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483 US FEI Number: 59-2702462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PUGH, DAVID 817 GÉORGE BUSH BLVD. US DELRAY BEACH, FL 33483 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SULLIVAN, JOHN Name: Name: 5310 LAS VERDES DR #208 Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: Title: () Delete Title: () Change () Addition LEVY, CONNIE Name: Name: Address: 5310 LAS VERRES CIRCLE #212 Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: Title: () Delete Title: (X) Change () Addition CARLINE, VILLAIN SCHRADER, STEVEN Name: Name: 5310 LAS VERDES CIRCLE #301 5310 LAS VERDES CIRCLE #307 Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484 Title: () Delete Title: (X) Change () Addition Name: CROWN, NORMA Name: CROWN, NORMA 5310 LAS VERDES CIRCLE #210 5310 LAS VERDES CIRCLE #110 Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484 Title: () Delete Title: (X) Change () Addition SCHALY, JEFF SCHALY, JEFF Name: Name: 5310 LAS VERDES CIRCLE #111 5310 LAS VERDES CIRCLE #111 Address: Address: DELRAY BEACH, FL 33484 City-St-Zip: City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK SULLIVAN Т 02/26/2009