


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 757664 1. Entity Name EVANSTON PARK CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business % BROADWAY MANAGEMENT 3602 BROADWAY FORT MYERS, FL 33901	Mailing Address % BROADWAY MANAGEMENT 3602 BROADWAY FORT MYERS, FL 33901
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04102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2247448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VLADIMIR, SYKORA
C/O BROADWAY MANAGEMENT, LLC
3602 BROADWAY
FORT MYERS, FL 33901

**DO NOT WRITE
IN THIS SPACE**

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYKORA, VLADIMIR 3602 BROADWAY FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, JAMES 14005 SHIMMERING LAKE CT. FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TIBOR, KOLLAR 3602 BROADWAY FORT MYERS, FL 33901
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04/25/08-80015-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____ **4-10-08** **239**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **437-6892**