

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90006 001 ****61.25

DOCUMENT # 759301

1. Entity Name
EVERGREEN TERRACE, A CONDOMINIUM, INC.



Principal Place of Business
1815 MICCOSUKEE COMMONS DR
104
TALL, FL 32308 US

Mailing Address
PO BOX 14019
TALLAHASSEE, FL 32317 US

40037100



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2153838

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAUGHTRY, TAMMY
1815 MICCOSUKEE COMMONS DR
TALLAHASSEE, FL 32308

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, BARBARA
STREET ADDRESS	216 DIXIE DR D8
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	D
NAME	NOBLIN, MILLARD
STREET ADDRESS	1300 METROPOLITAN BLVD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	STD
NAME	JORDAN, GRADY
STREET ADDRESS	5277 BUCK LAKE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Barbara Johnson

3-17-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #