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Jan 27, 1999 8:00am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 761529  
1. Corporation Name  
EVERGREEN PLAZA CONDOMINIUM ASSOCIATION OF NAPLES, INC.

Principal Place of Business: NAPLES, INC. 1848 AIRPORT RD., S NAPLES FL 34112 US  
Mailing Address: NAPLES, INC. 1848 AIRPORT RD., S NAPLES FL 33942-4898 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/20/1982
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2251763
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
25	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  
CERVELLI, RICHARD I.  
1848 AIRPORT RD. SOUTH  
NAPLES FL 33942

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.050 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as shown in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the change as registered agent. I am not aware of any obligations of Section 617.050, Florida Statutes.

SIGNATURE: Richard I. Cervelli (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CERVELLI, RICHARD I.	
STREET ADDRESS	1848 AIRPORT RD., S	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, WESLEY E.	
STREET ADDRESS	17170 WATSEEDGE CIRCLE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CORNETT, JACK A	
STREET ADDRESS	9805 OXFORD ST	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard I. Cervelli I Cervelli 1/28/99 941-774-1717  
Date Daytime Phone #

CR2E037 (11/98)