

DOCUMENT # 761529

1. Entity Name

EVERGREEN PLAZA CONDOMINIUM ASSOCIATION OF NAPLE

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90015 012 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

NAPLES, INC.
1848 AIRPORT RD., S
NAPLES FL 34112
US

NAPLES, INC.
1848 AIRPORT RD., S
NAPLES FL 34112-3816
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-225 1763

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CERVELLI, RICHARD I.
1848 AIRPORT RD. SOUTH
NAPLES FL 33942

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include Cervelli, Williams, and Cornett.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. For additions/changes.

12. 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 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:

Richard I Cervelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/00

941-774-1717

Daytime Phone #

CR2E037 (9/99)