

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90012 046 \*\*\*\*61.25

**DOCUMENT # 761529**

1. Entity Name

**EVERGREEN PLAZA CONDOMINIUM ASSOCIATION OF NAPLES, INC.**

Principal Place of Business

Mailing Address

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

**NAPLES, INC.  
 1848 AIRPORT RD., S  
 NAPLES FL 33942-4898  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2251763**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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*

Richard I Cervelli

1/21/02

941-774-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (9/01)