2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 761529

1. Entity 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

01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2251763 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

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

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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CERVELLI, RICHARD I.
STREET ADDRESS	1848 AIRPORT RD., S
CITY-ST-ZIP	NAPLES, FL
TITLE	VD
NAME	WILLIAMS, WESLEY E.
STREET ADDRESS	17170 WATERSEDGE CIRCLE
CITY-ST-ZIP	FT MYERS, FL
TITLE	STD
NAME	CORNETT, JACK A
STREET ADDRESS	9805 OXFORD ST
CITY-ST-ZIP	NAPLES, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000007977
01/20/04-80047-001 $1.25

DO NOT WRITE IN THIS SPACE

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: X Richard I Cervelli — Richard I Cervelli — 1/14/04 — 239-774-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #