


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2006 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
--	---



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2251763	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000396306
01/30/06-80005-004 61.25

DO NOT WRITE 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: *Richard Cervelli* Richard I Cervelli X 1/17/06 239-774-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #