


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 <b>NAPLES, INC. 1848 AIRPORT RD., S NAPLES, FL 34112 US</b>	Mailing Address <b>NAPLES, INC. 1848 AIRPORT RD., S NAPLES, FL 33942-4898 US</b>
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01122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2251763</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 #