


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90245 001 ****61.25

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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 196 Eugenia Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Naples, FL 34108	
Zip	Country	Zip 34108	Country Collier
4. FEI Number 59-2251763		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 196 Eugenia Drive NAPLES, FL 33942 34108		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERVELLI, RICHARD I.	NAME	Cervelli, Richard I
STREET ADDRESS	1848 AIRPORT RD., S	STREET ADDRESS	196 Eugenia Drive
CITY-ST-ZIP	NAPLES, FL	CITY-ST-ZIP	Naples, FL 34108
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, WESLEY E.	NAME	
STREET ADDRESS	17170 WATERSEDGE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNETT, JACK A	NAME	
STREET ADDRESS	9805 OXFORD ST	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000,	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Richard I Cervelli</i>		Richard I Cervelli	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1/06/07 Daytime Phone #: 339-598-3292	