

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90113 045 ****61.25

DOCUMENT # 761529

1. Entity Name
EVERGREEN PLAZA CONDOMINIUM ASSOCIATION OF NAPLES, INC.



Principal Place of Business Mailing Address
NAPLES, INC. **NAPLES, INC.**
1848 AIRPORT RD., S **1848 AIRPORT RD., S**
NAPLES FL 34112 **NAPLES FL 33942-4898**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2251763**

Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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. 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)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD CERVELLI, RICHARD I.	1848 AIRPORT RD., S	NAPLES FL				
	VD WILLIAMS, WESLEY E.	17170 WATSEEDGE CIRCLE	FT MYERS FL				
	STD CORNETT, JACK A	9805 OXFORD ST	NAPLES, FL 00000				

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: *Richard Cervelli* Richard Cervelli 1/7/03 239-774-1717

CR2E037 (10/02)