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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764226 (7)

1. Corporation Name
EVERGLADES COMMUNITY ASSOCIATION, INCORPORATED



Principal Place of Business 14850 SW 280TH STREET HOMESTEAD FL 33032 US	Mailing Address P.O. BOX 34-3588 FLORIDA CITY FL 33034-0588 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 P. O. BOX 34-3529 27 Suite, Apt. #, etc. 28 FLORIDA CITY 29 33034-0529 30 DADE
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3. Date Incorporated or Qualified 07/21/1982	3a. Date of Last Report 01/31/1996
4. FEI Number 59-2247419	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WELLER THOMAS ESQ.
 65 NW 18TH ST.
 HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED KIRK STEVEN 3500 S.MOORINGS WAY COCONUT GROVE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENSEN, ROBERT 1550 N KROME AVE HOMESTEAD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDO, PRO JR. 20310 SW 106 AVE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOVIA, KIM 43 N KROME AVE 2ND FLOOR HOMESTEAD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARTURO LOPEZ P.O.BOX 900368 N/A HOMESTED FL 33090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYNA SUSAN 35801 SW 186 AVE FLORIDA CITY FL 33034

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **STEVEN KIRK ED/CRO** JAN 29 1997 (305)245 0231

CR2E037 (9/96)