

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90084 031 ****70.00

DOCUMENT # 764226

1. Entity Name

EVERGLADES COMMUNITY ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

19308 SW 380 STREET
 FLORIDA CITY FL 33034
 US

P.O. BOX 343529
 FLORIDA CITY FL 33034-0529
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2247419

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLER THOMAS ESQ.
65 NW 16TH ST.
HOMESTEAD FL 33030

Name

N/A

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
ED	KIRK STEVEN	3500 S.MOORINGS WAY	COCONUT GROVE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	JENSEN, ROBERT	1550 N KROME AVE	HOMESTEAD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	FERNANDO, PRO JR.	20310 SW 106 AVE	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	ARTURO LOPEZ	P.O.BOX 900368 N/A	HOMESTED FL 33090	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	REYNA SUSAN	35801 SW 186 AVE	FLORIDA CITY FL 33034	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Signature Requested Kirk
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00
 Date

305-242-2142
 Daytime Phone #

CR2E037 (9/99)