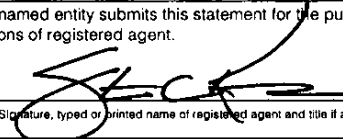
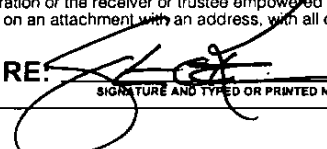


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90011 042 ****70.00

DOCUMENT # 764226 1. Entity Name EVERGLADES COMMUNITY ASSOCIATION, INCORPORATED					
Principal Place of Business 19308 SW 380 STREET FLORIDA CITY, FL 33034 US			Mailing Address P.O. BOX 343529 FLORIDA CITY, FL 33034-0529 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COHEN, GARY ESQ. SHUTTS AND BOWEN, LLP 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD. MIAMI, FL 33131				Name STEVEN KIRK Street Address (P.O. Box Number is Not Acceptable) 19308 SW 380TH STREET City Florida City FL Zip Code 33034	
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 March 19, 2008 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, 2008		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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KIRK STEVEN		NAME		
STREET ADDRESS	16445 OLD CUTLER ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	CD ☒ Change ☐ Addition	
NAME	FINLAN, MARY		NAME		
STREET ADDRESS	43 N KROME DR		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP		
TITLE	CD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	FERNANDO, PRO JR		NAME		
STREET ADDRESS	20310 SW 106 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MUCARSEL, SONIA		NAME		
STREET ADDRESS	35801 SW 186 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33034		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CUSTODIO, OSCAR		NAME		
STREET ADDRESS	37900 SW 193 PL		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33034		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	VIDALES, FABIOLA		NAME		
STREET ADDRESS	19308 SW 380TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY, FL 33034		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: 			Date March 19, 2008 Daytime Phone # 305-242-2142		