2006-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2006 8:00 am Secretary of State **DOCUMENT # 765966** 1. Entity Name 03-27-2006 90266 027 ****61.25 THE EVERGREEN CLUB, INC. Principal Place of Business Mailing Address 4225 SW BIMINI CIR S PALM CITY FL 34990 4225 SW BIMINI CR. PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2258635 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Charles Dy ER O'LEARY, KATHY 4225 S.W. BIMINI CIRCLE S. Street Address (P.O. Box Number is Not Acceptable) 4225 5. W. 13 m. N. Co. S. PALM CITY FL 34990 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 egistered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees The Walter of the Control of the Con ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 Delete **Addition** TITLE Charles DYER 5242 SW Bimini Cr. N. HUSETH, MARLE NAME 4485 SOUTHWEST BIMINI CIRCLE SOUTH STREET ADDRESS STREET ADDRESS Palm City, FL 34990 PALM CITY FL 34990 CITY - ST - ZIP CITY-ST-ZIP ☐ Change **Addition Delete** TITLE William Wysock 4395 SW Bimini Ca.5 O'LEARY, KATHY NAME MAME 4915 SW BIMINI CR S STREET ADDRESS STREET ADDRESS Palm City, FL 34990 PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-ZiP VPD X Deiete TITLE ☐ Change Addition BUE WALTER MCGLYNN LOGAN, JAMES NAME NAME 4635 SWBIMINICES. Palm City FL 34990 STREET ADDRESS STREET ADDRESS 1090 SOUTHWEST LIGHTHOUSE DRIVE PALM CITY FL 34990 CITY-ST-Z(P CITY-ST-ZIP ☐ Delete TITLE ☐ Addition CEA, ROBERT NAME NAME 5044 SOUTHWEST BERMUDA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-789

FILED

Daytime Phone #

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attactment with an address, with all other like empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR