

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **767131** (6)
1. Corporation Name
EVERGREEN LAKES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
% V.I.P. MANAGEMENT CORP
2531 ARAGON BLVD
SUNRISE FL 33322

3. Date Incorporated or Qualified **02/23/1983** 3a. Date of Last Report **04/24/1995**

21	2. Principal Place of Business	2a.	2a. Mailing Address	4.	FEI Number 59-2389616	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country	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				10. Name and Address of New Registered Agent			
V.I.P. MANAGEMENT CORP. 2531 ARAGON BLVD. SUNRISE FL 33322				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 617.0303, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **Jan. 17, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINTO, VIRGIL	1.2 NAME	
STREET ADDRESS	4829 N.W. 95TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARRICK, WENCK	2.2 NAME	
STREET ADDRESS	XXXXX XXXXXX	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, LENNIE COOPER	3.2 NAME	
STREET ADDRESS	4861 N.W. 94TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XXXXXXXXXX	4.2 NAME	SD
STREET ADDRESS	XXXXXXXXXX	4.3 STREET ADDRESS	VAN OOSTRUM, BARBARA
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	9441 N.W. 48 STREET
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANKINE, WILLIAM	5.2 NAME	
STREET ADDRESS	4850 N.W. 95TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	SUNRISE, FL.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* DATE: **Jan 22, 96** 742 6424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LENNIE ALICE COOPER - FOSTER
Date Daytime Phone #

CR2E037 (12/95)