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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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
% V.I.P. MANAGEMENT CORP 2531 ARAGON BLVD SUNRISE FL 33322-3110

3. Date Incorporated or Qualified 02/23/1983
3a. Date of Last Report 01/29/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-2389616 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

V.I.P. MANAGEMENT CORP.
2531 ARAGON BLVD.
SUNRISE FL 33322

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 *Claine B. Geller* CLAINE B. GELLER PRES. 3/25/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VD	PINTO, VIRGIL	4829 N.W. 95TH AVE	SUNRISE FL	<input type="checkbox"/>
PD	FOSTER, LENNIE COOPER	4861 N.W. 94TH TERRACE	SUNRISE FL	<input checked="" type="checkbox"/>
SD	VAN OOSTRUM BARBARA	9441 N.W. 48TH ST.	SUNRISE FL	<input checked="" type="checkbox"/>
TD	RANKINE, WILLIAM	4850 N.W. 95TH AVE	SUNRISE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P, D.				<input checked="" type="checkbox"/>	<input type="checkbox"/>
V, D	ANDERSON, DAVID	9474 NW 48 ST.	SUNRISE FL 33351	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S, P	ENSLIN, RICHARD	4825 NW 95 AVE	SUNRISE FL 33351	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T, D	FRANKEL, BETTY	9494 NW 48 ST	D SUNRISE FL 33351	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	WILSON, MARIL	4850 NW 95 AVE	SUNRISE, FL 33351	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 *Rachel...* SECRETARY 025-97 981-748-6182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036991

CR2E037 (9/96)