

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 20 1998 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**  
 1. Corporation Name  
**EVERGREEN LAKES HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business: **C/O ALLIANCE PROPERTY SYSTEMS 7101 WEST COMMERCIAL BLVD 4-A FORT LAUDERDALE FL 33319**  
 Mailing Address: **C/O ALLIANCE PROPERTY SYSTEMS PO BOX 26478 FORT LAUDERDALE FL 33320-8478**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>see above</b>		26 <b>see above</b>		<b>02/23/1983</b>	<b>03/25/97</b>
22 Sute, Apt. #, etc.		27 Sute, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		<b>59-2389616</b>	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
				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			
<b>V.I.P. MANAGEMENT CORP</b> <b>2531 ARAGON BLVD</b> <b>SUNRISE FL 33322</b>				81 New	<b>VIRGIL PINTO</b>		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	<b>4829 NW 95 AVE</b>		
				84	City	<b>SUNRISE</b>	85

11. Pursuant to the provisions of Sections 17.0502 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: *Virgil Pinto* **VIRGIL PINTO, PRESIDENT** 1/6/98 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VIRGIL PINTO</b>		1.2 NAME		
STREET ADDRESS	<b>4829 NW 95 AVE</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAVID ANDERSON</b>		2.2 NAME		
STREET ADDRESS	<b>9474 NW 48 ST</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>		2.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RICHARD ENSLEIN</b>		3.2 NAME		
STREET ADDRESS	<b>4825 NW 95 AVE</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BETTY FRANKEL</b>		4.2 NAME		
STREET ADDRESS	<b>9494 NW 48 ST</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARK WILSON</b>		5.2 NAME		
STREET ADDRESS	<b>4850 NW 95 AVE</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>		5.4 CITY-ST-ZIP		
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 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: *Virgil Pinto* **VIRGIL PINTO, PRES** 1/6/98 748-7037 DATE Day,mo Phone #

CR2E037 (9/96)