

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90009 014 ****61.25

DOCUMENT # 767131

1. Entity Name

EVERGREEN LAKES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O ALLIANCE PROPERTY SYSTEMS
 7101 WEST COMMERCIAL BLVD 4-A
 FORT LAUDERDALE FL 33319

C/O ALLIANCE PROPERTY SYSTEMS
 P.O. BOX 26478
 FORT LAUDERDALE FL 33320-6478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2389616

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKEL, BETTY
9494 NW 48 ST
SUNRISE FL 33351

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BROWN, ALLEN	
STREET ADDRESS	9496 NW 48 ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FRANKEL, LISA ANNE	
STREET ADDRESS	4825 NW 95 AVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELLAROCCHO, GARY M	
STREET ADDRESS	4863 NW 95 AVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FRANKEL, BETTY	
STREET ADDRESS	9494 NW 48TH STREET	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEGANNES, MARILYN L	
STREET ADDRESS	9404 NW 48 ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUNILDA PAREDES	
STREET ADDRESS	9446 NW 48 ST	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN L DEGANNES	
STREET ADDRESS	9404 NW 48 ST	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: *[Signature]* **President** 4/26/00 (54) 748 4923
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)