## 3/29/07

## **2007 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT #767131** 1. Entity Name

**FILED** Apr 09, 2007 8:00 am Secretary of State 04-09-2007 90053 016 \*\*\*\*61.25

EVERGREEN LAKES HOMEOWNER'S ASSOCIATION, INC.											
Principal Place of Business 8360 W. OAKLAND PKY BLVD. SUITE 301 SUNRISE, FL 33351		C/O / P.O.I	Mailing Address C/O ALLIANCE PROPERTY SYSTEMS P.O.BOX 452199 FORT LAUDERDALE, FL 33345-2199					11/11 (253) (4853 11/1		CII BIBH BIBN BIBN BIBN BUR	C  C    <b>21</b>
2. Principal P	lace of Business - No P.O. Box	# 3. Mai	3. Mailing Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				02172007	Chg-NP	CR2	2E037 (12/06)	
City & State	e	Cit	City & State				4. FEI Numbe 59-2389			<u> </u>	plied For t Applicable
Zip	Country -	2,	<del> </del>	Cou	intry		5. Certificate	of Status Desire	ed 🗆	\$8.75 Add Fee Required	
	6. Name and Address of C	urrent Registere	ed Agent				7. Name and	Address of Ne	w Registe	red Agent	
FRANKEL,	BETTY		Name								
9494 NW 4 SUNRISE,	18 ST			Street Addre	eet Address (P.O. Box Number is Not Acceptable)						
					City		• •			FL Zip Code	e
8. The above	named entity submits this state	ment for the purp	ose of changing its r	egistere	ed office or regi	aistered	d agent, or boti	n, in the State of			and accept
	ions of registered agent.			- <b>3</b>		,					·
SIGNATURE .											
	Signature, typed or printed name of registe	ered agent and title if apr	plicable. (NOTE:	Registere	d Agent signature red	equired w	hen reinstating)		D/	ATE	
	Signature, typed or printed name of register	<del>/</del>	plicable. (NOTE:	Registere	d Agent signature red	equired w	hen reinstating)				
	Signature, typed or printed name of register Filling Fee Is \$61.25 Due by May 1, 2007	ered agent and title if app	9. Election Cam Trust Fund Co	paign F	inancing _		hen reinstating) \$5.00 May Bradded to Fees	e 1	Make c	heck payable to	
10.	Filing Fee Is \$61.25 Due by May 1, 2007 OFFICERS A	<del>/</del>	9. Election Cam Trust Fund Co	paign F	inancing _	\$	\$5.00 May Board Bo		Make c Florida De	heck payable to epartment of St D DIRECTORS IN	ate 10
10.	Filing Fee Is \$61.25 Due by May 1, 2007 OFFICERS A	min	9. Election Cam Trust Fund Co	paign Fontributi	Financing ion.	\$	\$5.00 May Board Bo		Make c Florida De	heck payable to	ate
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10. TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2007  OFFICERS A  DP  GALLOWAY, STEVE  4850 NW 95 AVE	9m IV	9. Election Cam Trust Fund Co	tpaign Fontribution 11.	Financing ion.	\$	\$5.00 May Board Bo		Make c Florida De	heck payable to epartment of St D DIRECTORS IN	ate 10
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Filing Fee Is \$61.25 Due by May 1, 2007  OFFICERS A  DP  GALLOWAY, STEVE  4850 NW 95 AVE  FORT LAUDERDALE, FL	9m IV	9. Election Cam Trust Fund Co	paign Fontributi	Financing ion.	\$	\$5.00 May Board Bo		Make c Florida De	heck payable to epartment of Si D DIRECTORS IN	10 Addition
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Filing Fee Is \$61.25 Due by May 1, 2007  OFFICERS A  DP  GALLOWAY, STEVE  4850 NW 95 AVE  FORT LAUDERDALE, FL  D	9m IV	9. Election Cam Trust Fund Co	11. THLI NAM STRE	Financing ion.	\$	\$5.00 May Board Bo		Make c Florida De	heck payable to epartment of St D DIRECTORS IN	ate 10
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Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.

04-04-07

Daysme Phone #