

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90059 023 ****61.25

DOCUMENT # 769992					
1. Entity Name EVERGREEN I OF VILLAGES OF ORIOLE ASSOCIATION, INC.					
Principal Place of Business C/O PHOENIX MGMT. E-250 4180 N. STATE RD. 7 FORT LAUDERDALE, FL 33319 US			Mailing Address C/O PHOENIX MGMT. E-250 4180 N. STATE RD. 7 FORT LAUDERDALE, FL 33319 US		
2. Principal Place of Business - No P.O. Box # C/O PHOENIX MGMT.		3. Mailing Address C/O PHOENIX MGMT.			
Suite, Apt. #, etc. 3082 JOC ROAD		Suite, Apt. #, etc. 3082 JOC ROAD			
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL			
Zip 33467		Country USA		Zip 33467	
Country USA		4. FEI Number 59-2349679			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHOENIX MANAGEMENT 4180 N. STATE RD. 7 #E250 FORT LAUDERDALE, FL 33319			7. Name and Address of New Registered Agent Name: ROSENTHAL, DAVID C. Street Address (P.O. Box Number is Not Acceptable): C/O PHOENIX MANAGEMENT 3082 JOC ROAD City: LAKE WORTH FL Zip Code: 33467		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>David C. Rosenthal</i> DATE: 1/30/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2SVP ADLER, MIKE 752 S ORIOLE BLVD DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADLER, MIKE 7527 S. ORIOLE BLVD #202 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIBREE, JOSEPH 7519 S ORIOLE BLVD DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUTSKY, MADELINE 7543 S. ORIOLE BLVD. #202 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORILLS, GLADYS 7531 S ORIOLE BLVD DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRUM, STEVEN 7527 S. ORIOLE BLVD. #102 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V PLINTO, HELEN 7531 S ORIOLE BLVD #204 DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V LAKE STEWART 7527 S. ORIOLE BLVD #104 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP SOALT, JERRY 7535 S ORIOLE BLVD #202 DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP SOALT, JERRY 7535 S. ORIOLE BLVD #202 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP PLINTO, ALIO 7531 ORIOLE BLVD #204 DELRAY BCH, FL 33446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLINTO, ALIO 7531 ORIOLE BLVD #204 DELRAY BEACH
12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.					
SIGNATURE: <i>Mike Adler</i> <i>Mike Adler President</i> DATE: 2/12/07 DAYTIME PHONE: 561-638-1102 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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