

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769992

FILED
Apr 15, 2009
Secretary of State

Entity Name: EVERGREEN I OF VILLAGES OF ORIOLE ASSOCIATION, INC.

Current Principal Place of Business:

C/O PHOENIX MGMT. E-250
3082 JOG ROAD
LAKE WORTH, FL 33467 US

New Principal Place of Business:

C/O PHOENIX MGMT.
3082 JOG ROAD
LAKE WORTH, FL 33467 US

Current Mailing Address:

C/O PHOENIX MGMT. E-250
3082 JOG ROAD
LAKE WORTH, FL 33467 US

New Mailing Address:

C/O PHOENIX MGMT.
3082 JOG ROAD
LAKE WORTH, FL 33467 US

FEI Number: 59-2349679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENTHAL, DAVID C
3082 JOG ROAD
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADLER, MIKE
Address: 7527 S ORIOLE BLVD #202
City-St-Zip: DELRAY BEACH, FL 33446

Title: S () Delete
Name: LUTSKY, MADELINE
Address: 7543 S ORIOLE BLVD#202
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP () Delete
Name: CILM, VITO
Address: 7535 S. ORIOLE BLVD # 201
City-St-Zip: DELRAY BEACH, FL 33446

Title: T () Delete
Name: MACARI, DONNA
Address: 7511 S. ORIOLE BLVD # 103
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: GREENE, STEWART
Address: 6936 HUNINGTON LANE # 201
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: BERNSTEIN, BERTHA
Address: 7539 S. ORIOLE BLVD # 102
City-St-Zip: DELRAY BCH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE ADLER

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date