

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90006 032 \*\*\*\*61.25

<b>DOCUMENT # N00000004877</b>	
1. Entity Name <b>EVERGLADES SEABOARD VILLAS HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>P.O. BOX 68 EVERGLADES CITY, FL 34139-0068</b>	Mailing Address <b>P.O. BOX 68 EVERGLADES CITY, FL 34139-0068</b>
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2. Principal Place of Business - No P.O. Box # <b>P.O. Box 417</b>	3. Mailing Address <b>P.O. Box 417</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>EVERGLADES CITY, FL</b>	City & State <b>EVERGLADES CITY, FL</b>
Zip <b>34139-0417</b>	Zip <b>34139-0417</b>
Country <b>USA</b>	Country <b>USA</b>

**40031569**



03062007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent <b>NAPLES-LAWDOCK, INC. 1395 PANTHER LANE SUITE 300 NAPLES, FL 34109</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, MARILYN 616 COLLIER AVENUE EVERGLADES CITY, FL 34139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VARALLO, NICHOLAS 594 COLLIER AVE EVERGLADES CITY FL 34139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WRIGHT, CHARLES 620 COLLIER AVENUE EVERGLADES CITY, FL 34139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CAMPBELL, TIMOTHY A 616 COLLIER AVENUE EVERGLADES CITY, FL 34139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WEST, ELIZABETH 1387 HARBOR VIEW EAST HOLLYWOOD, FL 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> <u><i>N. Varallo</i></u>	<b>3/7/07</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>