

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004877

FILED  
Mar 30, 2009  
Secretary of State

**Entity Name:** EVERGLADES SEABOARD VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

600 COLLIER AVENUE  
EVERGLADES CITY, FL 34139

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX186  
EVERGLADES CITY, FL 34139

**New Mailing Address:**

**FEI Number:** 82-0562069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KUNNA, JOHN G TREASUR  
614 COLLIER AVENUE  
EVERGLADES CITY, FL 34139 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: TREA ( ) Delete  
Name: KUNNA, JOHN  
Address: 614 COLLIER AVE  
City-St-Zip: EVERGLADES CITY, FL 34139

Title: DP ( ) Delete  
Name: MAYS, HAROLD  
Address: 600 COLLIER AVENUE  
City-St-Zip: EVERGLADES CITY, FL 34139

Title: DVS ( ) Delete  
Name: WEST, ELIZABETH  
Address: 1387 HARBORVIEW EAST  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DVS (X) Change ( ) Addition  
Name: CHILMONIK, ROBERT  
Address: 2008 CORNWALLIS PARKWAY  
City-St-Zip: CAPE CORAL, FL 33904

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: JOHN KUNNA

TREA

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date