2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 22, 2008 8:00 am Secretary of State 04-22-2008 90024 001 ****61.25

1. Entity Name

THE MANSIONS AT EVERGRENE WEST CONDOMINIUM ASSOCIATION, INC.



Principal Plac	ce of Business	Mailing	Mailing Address										
11631 KEW GARDENS AVENUE PALM BEACH GARDENS FL 33410			1950 (C/O BRISTOL MGMT 1950 COMMERCELN 4 JUPITER FL 33458									
2. Principal Place of Business - No P.O. Box #			3. Maili	3. Mailing Address				· · · · · · · · · · · · · · · · · · ·					
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				1st MOORE CR2E037 (10/07)					
City & State			City	City & State				4. FEI Number 20-0333381			oplied For ot Applicable		
Zip		Country Zip C			Cou	intry		5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
						Name							
STEVE INGLIS C/O BRUSTER MGMT 1930 COMMERCE LANE						Street Address (P.O. Box Number is Not Acceptable)							
JUP	ITER FL 3	3458 🦳											
						City				FI	Zip Cod	e	
8. The above named entity submits was 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 Signature, typed or printed name of registered agent and the disciplicatio. (NOTE: Registered Agent signature (required when recessaring) DATE													
FILE NOW: FEE IS S61.25 9. Election Campaign Financin Due By May 1, 2008 Trust Fund Contribution.								\$5.00 May Be Added to Fees			k Payable		
10.		OFFICERS AND	DIRECTORS		11.			ADDITIONS/CHAN	IGES TO OFFIC	ERS AND D	IRECTORS IN	I 10	
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12 I hereby	certify that the	information supplied	wite this filing	doge not qualify for	or the as	comptions	containn	d in Section 110	Florida Statutos	L further of	artify that the	information	

In Preby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

GNATURE:

GNATURE: