2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N03000000353

Entity Name: THE MANSIONS AT EVERGRENE WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11631 KEW GARDENS AVENUE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

600 SANDTREE DRIVE, SUITE 109
PALM BEACH GARDENS, FL 33403

Current Mailing Address:

C/O BRISTOL MGMT
1950 COMMERCELN 4
JUPITER, FL 33458

New Mailing Address:

C/O CAPITAL REALTY ADVISORS, INC.
600 SANDTREE DRIVE, SUITE 109
PALM BEACH GARDENS, FL 33403

FEI Number: 20-0333381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVE INGLIS C/O BRUSTER MGMT
1930 COMMERCE LANE
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

DONNA MCDONALD C/O CAPITAL REALTY ADVISORS
600 SANDTREE DRIVE, SUITE 109
PALM BEACH GARDENS, FL 33403 US

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: DONNA MCDONALD 04/08/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: TORCHIA, ROBERT
Address: 103 EVERGREN PARKWAY
City-St-Zip: PALM BEACH FARDENS, FL 33410

Title: VD ( ) Delete
Name: CRESCI, JAY A
Address: 117 EVERGRENE PKWY
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ST ( ) Delete
Name: BYRNS, DANIEL
Address: 181 EVERGREEN PARKWAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: TORCHIA, ROBERT
Address: 103 EVERGRENE PARKWAY
City-St-Zip: PALM BEACH FARDENS, FL 33410

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

Title: ST (X) Change ( ) Addition
Name: BURNS, DANIEL
Address: 181 EVERGRENE PARKWAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: ROBERT TORCHIA DP 04/08/2009
Electronic Signature of Signing Officer or Director — Date