

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 23, 2007
Secretary of State

DOCUMENT# N04000004401

Entity Name: EVERGREEN NORTH HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**18218 ABBEY LANE
LUTZ, FL 33548**New Principal Place of Business:**813 DEBUEL ROAD
LUTZ, FL 33549**Current Mailing Address:**18218 ABBEY LANE
LUTZ, FL 33548**New Mailing Address:**813 DEBUEL ROAD
LUTZ, FL 33549**FEI Number:** 20-2465372**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SAEGER, BENJAMIN F JR
18218 ABBEY LANE
LUTZ, FL 33548 US**Name and Address of New Registered Agent:**EDMONSON, WILLARD E JR
813 DEBUEL ROAD
LUTZ, FL 33549 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: WILLARD E. EDMONSON JR.

08/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SAEGER, BENJAMIN F JR
Address: 18218 ABBEY LANE
City-St-Zip: LUTZ, FL 33548

Title: DVP () Delete
Name: GRIESHOP, PAUL T
Address: 3116 SUNSET LANE
City-St-Zip: LUTZ, FL 33559

Title: DS () Delete
Name: SAEGER, LINDA M
Address: 18218 ABBEY LANE
City-St-Zip: LUTZ, FL 33548

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: EDMONSON, WILLARD E JR
Address: 813 DEBUEL ROAD
City-St-Zip: LUTZ, FL 33549

Title: DVP (X) Change () Addition
Name: EDMONSON, TERRANCE W
Address: 807 DEBUEL ROAD
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change () Addition
Name: COPPAGE, CATHERINE M
Address: 17612 NATURE WOOD DRIVE
City-St-Zip: LUTZ, FL 33549

Title: DS () Change (X) Addition
Name: COPPAGE, MARTHA A
Address: 17620 NATURE WOOD DRIVE
City-St-Zip: LUTZ, FL 33549

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: WILLARD E. EDMONSON JR.

DP

08/23/2007

Electronic Signature of Signing Officer or Director

Date