

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90183 049 ****61.25

DOCUMENT # N04000005008					
1. Entity Name EVERGREEN HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 540435 US HWY 1 CALLAHAN, FL 32011			Mailing Address 540435 US HWY 1 CALLAHAN, FL 32011		
2. Principal Place of Business 54176 EVERGREEN TRAIL Suite, Apt. #, etc.		3. Mailing Address 54122 EVERGREEN TRAIL Suite, Apt. #, etc.			
City & State Callahan, FL Zip 32011		City & State Callahan, FL Zip 32011		4. FEI Number APPLIED FOR	
Country NASSAU		Country NASSAU		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENE, DANA 540435 US HWY 1 CALLAHAN, FL 32011			7. Name and Address of New Registered Agent Name: <u>RICHARD P. HIGLEY</u> Street Address (P.O. Box Number is Not Acceptable) 54122 EVERGREEN TRAIL City: <u>CALLAHAN</u> <u>FL</u> Zip Code: <u>32011</u>		
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: <u>RICHARD P. HIGLEY - TREAS</u> DATE: <u>4/21/06</u> <small>Signature typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENE, KENNETH 540435 US HWY 1 CALLAHAN, FL 32011	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JIM GUSTAFSON 54176 EVERGREEN TRAIL CALLAHAN, FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREENE, DANA 540435 US HWY 1 CALLAHAN, FL 32011	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARD HIGLEY 54122 EVERGREEN TRAIL CALLAHAN, FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENE, KENNETH JR 540435 US HWY 1 CALLAHAN, FL 32011	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VICKI MARTIN 54002 EVERGREEN TRAIL CALLAHAN, FL 32011	<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.					
SIGNATURE: <u>RICHARD P. HIGLEY</u> <small>Signature typed or printed name of signing officer or director</small>			Date: <u>4/21/06</u> (904) 879 9302		