

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005214

FILED  
Jul 08, 2008  
Secretary of State

**Entity Name:** EVERGREEN SOUTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13644 SW 142 AVE., UNIT F  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

13644 SW 142 AVE., UNIT F  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 65-0103141      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MARTIJN, PATRICIA  
13644 SW 142 AVE., UNIT F  
MIAMI, FL 33186 US

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

LAEMMERHIRT, FRED D  
13644 SW 142 AVE., UNIT F  
MIAMI, FL 33186 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: FRED LAEMMERHIRT

07/08/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MARTIJN, PATRICIA  
Address: 13644 SW 142 AVE., UNIT F  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: LAEMMERHIRT, FRED  
Address: 13644 SW 142 AVE., UNIT F  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: TROONIN, NICK  
Address: 13644 SW 142 AVE., UNIT F  
City-St-Zip: MIAMI, FL 33186

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

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

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

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

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

Title: D ( ) Change (X) Addition  
Name: KOENIGSTEIN, DAVID D  
Address: 13644 SW 142 AVE, UNIT H  
City-St-Zip: MIAMI, FL 33186 US

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: FRED LAEMMERHIRT

D

07/08/2008

Electronic Signature of Signing Officer or Director

Date