

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # N04182 (4)  
1. Corporation Name  
EVANS ACRES PROPERTY OWNERS ASSOCIATION, INC.Principal Place of Business Mailing Address  
%ANNA M. STOLLSTEIMER  
4701 ANGUS RD.  
POLK CITY FL 33868  
US3. Date Incorporated or Qualified 07/13/1984  
3a. Date of Last Report 01/29/19962. Principal Place of Business 2a. Mailing Address  
21 Anna M. Stollsteimer 26 Anna M. Stollsteimer  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 14415 Angus Rd. 27 14415 Angus Rd.  
City & State City & State  
23 Polk City, Fl. 28 Polk City, Fl.  
Zip Country Zip Country  
24 33868 25 Polk Co. 29 33868 30 Polk Co.4. FEI Number 59-2955342  
Applied For Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

EVANS, WILLIAM E.  
6005 DEEN STILL ROAD  
LAKELAND FL 3380981 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VIGNATI, FRANCESCO	
STREET ADDRESS	4891 ANGUS RD	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MEADOR, RON	
STREET ADDRESS	4973 BRAHMA RD.	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STROLLSTEIMER, ANNA (Stollsteimer)	
STREET ADDRESS	4701 ANGUS RD	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FUCHS, RICHARD	
STREET ADDRESS	5025 BRAHMA RD	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, ROBERT	
STREET ADDRESS	4937 BRAHMA RD.	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, JEFFREY	
STREET ADDRESS	4933 BRAHMA RD.	
CITY-ST-ZIP	POLK CITY FL 33868	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard Fuchs, President
1.3 STREET ADDRESS	5025 Brahma Rd.
1.4 CITY-ST-ZIP	Polk City, Fl. 33868
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anna M. Stollsteimer Anna M. Stollsteimer, Sec./Treas. 1-7-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054174

CR2E037 (9/96)