


FILE NOW: FILING FEE IS \$61.25

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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90032 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N04182					
1. Corporation Name EVANS ACRES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business FURLONG, JACQUELINE 15190 ANGUS RD POLK CITY FL 33868 US			Mailing Address FURLONG, JACQUELINE 15190 ANGUS RD POLK CITY FL 33868 US		



2. Principal Place of Business 21 Stevens, Cindy L. Suite, Apt. #, etc. 22 15380 Angus Rd. City & State 23 Polk City FL Zip Country 24 33868 25 US		2a. Mailing Address 26 Stevens, Cindy L. Suite, Apt. #, etc. 27 15380 Angus Rd. City & State 28 Polk City FL Zip Country 29 33868 30 US		3. Date Incorporated or Qualified 07/13/1984 4. FEI Number 59-2955342 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution	
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9. Name and Address of Current Registered Agent FURLONG, JACQUELINE 15190 ANGUS RD POLK CITY FL 33868				10. Name and Address of New Registered Agent 81 Name Stevens, Cindy L. 82 Street Address (P.O. Box Number is Not Acceptable) 15380 Angus Rd 83 84 City Polk City FL 85 Zip Code 33868			
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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 *Cindy L. Stevens* 4-25-99
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	V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOR, RON		1.2 NAME	Dino Manfredi	
STREET ADDRESS	4973 BRAHMA RD.		1.3 STREET ADDRESS	15400 Angus Rd	
CITY-ST-ZIP	POLK CITY FL 33868		1.4 CITY-ST-ZIP	Polk City FL 33868	
TITLE	ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Sec/Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROLLSTEIMER, ANNA		2.2 NAME	Cindy L. Stevens	
STREET ADDRESS	4701 ANGUS RD		2.3 STREET ADDRESS	15380 Angus Rd	
CITY-ST-ZIP	POLK CITY FL 33868		2.4 CITY-ST-ZIP	Polk City FL 33868	
TITLE	P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, RICHARD		3.2 NAME	Cindy Snyder	
STREET ADDRESS	5025 BRAHMA ROAD		3.3 STREET ADDRESS	15420 Angus Rd	
CITY-ST-ZIP	POLK CITY FL		3.4 CITY-ST-ZIP	Polk City FL 33868	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT		4.2 NAME	Nick Gillette	
STREET ADDRESS	4937 BRAHMA RD.		4.3 STREET ADDRESS	15345 Brahma Rd	
CITY-ST-ZIP	POLK CITY FL 33868		4.4 CITY-ST-ZIP	Polk City FL 33868	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JEFFREY		5.2 NAME	Gene Bridgen	
STREET ADDRESS	4933 BRAHMA RD.		5.3 STREET ADDRESS	15480 Brahma Rd	
CITY-ST-ZIP	POLK CITY FL 33868		5.4 CITY-ST-ZIP	Polk City FL 33868	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *Cindy L. Stevens* SIGNATURE REQUIRED STEVENS 4-25-99 941 984 1551
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)