

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 8:00 am
Secretary of State

03-11-2008 90021 031 ****61.25

DOCUMENT # N05000009253	
1. Entity Name EVERGLADES LAKESIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 2315 SOUTH CHAPMAN ST. GREENSBORO NC 27403	Mailing Address 2315 SOUTH CHAPMAN ST. GREENSBORO NC 27403
--	--

bbuuJJJJ



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 11-3804481 -APRIL 2008-	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 1395 PANTHER LANE, SUITE 300 NAPLES FL 34109		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--	---	--

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 _____ (NOTE: Registered Agent signature is not required when changing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
	MCCLUSKEY, HAROLD F JR.	2315 SOUTH CHAPMAN ST.	GREENSBORO NC 27403				
	MCCLUSKEY, BONNIE M	2315 SOUTH CHAPMAN ST.	GREENSBORO NC 27403				
	MCCLUSKEY, GARY W	2315 SOUTH CHAPMAN ST.	GREENSBORO NC 27403				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Bonnie M McCluskey, Treasurer Bonnie M McCluskey 2-29-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR