FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08972 (4)

1. Corporation Name
EVERGLADES CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2300 N.E. 33RD AVE. FORT LAUDERDALE FL 33305	2300 N.E. 33RD AVE. FORT LAUDERDALE FL 33305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1985
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-2731604 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LEVINE, BARRY
2300 NE 33RD AVE #202
FORT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name: MS. CLETORIA L. CRAIG
82 Street Address (P.O. Box Number is Not Acceptable): 2300 NE 33 AVE #905
83
84 City: FT LAUDERDALE FL 85 Zip Code: 33305

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Cletoria L. Craig, President — 4/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LEVINE, BARRY	1.2 NAME	CLETORIA L. CRAIG	
STREET ADDRESS	2300 NE 33 AVE.	1.3 STREET ADDRESS	2300 NE 33AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	2.1 TITLE	V	☐ Change ☐ Addition
NAME	MEULLER, MIKE	2.2 NAME		
STREET ADDRESS	2300 N.E. 33RD AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	CIANCIO, LORRAINE	3.2 NAME	MEL W. TOOKER	
STREET ADDRESS	2300 N.E. 33RD AVE.	3.3 STREET ADDRESS	2300 NE 33 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	LINDOW, RICHARD	4.2 NAME	JOHN LAFFERLITA	
STREET ADDRESS	2300 N.E. 33RD AVE.	4.3 STREET ADDRESS	2300 NE 33 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	LAFFERLITA, JOHN	5.2 NAME	JOHN ZAGARA	
STREET ADDRESS	2300 N.E. 33RD AVE.	5.3 STREET ADDRESS	2300 NE 33 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Cletoria L. Craig — 4/3/95 — 305 563-3953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CLETORIA L. CRAIG, PRESIDENT

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