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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08972

1. Corporation Name

EVERGLADES CLUB CONDOMINIUM ASSOCIATION, INC.

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

Mailing Address
2300 N.E. 33RD AVE.
FORT LAUDERDALE FL 33305



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/29/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2731604

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNIGHT, SCOTT P.
2300 NE 33RD AVE, #803
FT. LAUDERDALE FL 33305**

81 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 **TD** ☐ DELETE
NAME **WAGNER, CHRISTOPHER P**
STREET ADDRESS **2300 N.E. 33 AVE.**
CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **SD** ☐ DELETE
NAME **MUELLER, MICHAEL**
STREET ADDRESS **2300 N.E. 33RD AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **VD** ☐ DELETE
NAME **LINDOW, K. RICHARD JR.**
STREET ADDRESS **2300 N.E. 33 AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33305**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **GOODHALL, LUCILLE**
STREET ADDRESS **2300 N.E. 33 AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33305**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **PD** ☐ DELETE
NAME **KNIGHT, SCOTT**
STREET ADDRESS **2300 N.E. 33 AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF AGENT, OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99 (954)
537-7589

CR2E037 (1/98)