2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State
04-09-2008 90026 013 ****61.25

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1. Entity 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

04032008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2731604
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MUELLER, MICHAEL A
2300 NE 33RD AVE, #305
FT. LAUDERDALE, FL 33305

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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 _____ 4 6 08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUELLER, MICHAEL
STREET ADDRESS	2300 N.E. 33RD AVE #305
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	TD
NAME	GUGLIEMO, FRANK
STREET ADDRESS	2300 NE 33RD AVE #602
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	SD
NAME	BLACK, VIRGINIA
STREET ADDRESS	2300 N.E. 33 AVE #605
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	VD
NAME	UNWIN, RICHARD
STREET ADDRESS	2300 N.E. 33 AVE. #201
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	MR
NAME	THORNTON, WILLIAM
STREET ADDRESS	2300 N.E. 33 AVE. #902
CITY-ST-ZIP	FT. LAUD.,, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ Michael A. Mueller 4 6 08 954-568 1137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #