2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N14518

Entity Name: EVERGREEN AT PT. ST. LUCIE, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1622 SE GREEN ACRES CIRCLE
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1622 SE GREEN ACRES CIRCLE
PORT ST LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 59-2673068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAPITAN, RON
1632 SE GREEN ACRES CIRCLE G-104
PORT ST, FL 34952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	MARRACINO, ALICE	
Address:	1633 SE GREEN ACRES CIR, CC104	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	VPD	( ) Delete
Name:	ADAMS, WILLIAM	
Address:	1623 SE GREEN ACRES CIR, X-204	
City-St-Zip:	PORT ST. LUCIE, FL 34952	
Title:	TD	( ) Delete
Name:	CANORA, WILLIAM	
Address:	1654 SE GREEN ACRES CIR L-102	
City-St-Zip:	PORT ST. LUCIE, FL 34952	
Title:	D	( ) Delete
Name:	ENGLES, DONNA	
Address:	1624 SE GREEN ACRES CIR K-103	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	PD	( ) Delete
Name:	KAPITAN, RONALD	
Address:	1632 SE GREEN ACRES CIRCLE G-104	
City-St-Zip:	PORT ST LUCIE, FL 34952	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD KAPITAN PD 03/02/2009

Electronic Signature of Signing Officer or Director — Date