

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90023 048 ****61.25

DOCUMENT # N36963

1. Entity Name
EVERGREEN VILLAGE HOMEOWNERS ASSN., INC.



Principal Place of Business
**17100 TAMiami TRAIL
PUNTA GORDA, FL 33955 US**

Mailing Address
**#138 17100 TAMiami TRAIL
#272 ATTN: W. TEED
PUNTA GORDA, FL 33955 US**

94025703



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0178020

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURANDT, ROBERT B ESQUIRE
1714 CAPE CORAL PARKWAY
CAPE CORAL, FL 33904**

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

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, 2004**

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 **TD** ☐ Delete
NAME **TEED, WILLARD**
STREET ADDRESS **17100 TAMiami TRAIL, #138**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **BOYLE, SHIRLEY**
STREET ADDRESS **17100 TAMiami TRAIL, #262**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE **SD** ☒ Change ☐ Addition
NAME **BLAZAK, THOMAS R.**
STREET ADDRESS **17100 TAMiami TR. #87**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE **D** ☒ Delete
NAME **TUPPER, HELEN**
STREET ADDRESS **17100 TAMiami TR., #222**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE **D** ☒ Change ☐ Addition
NAME **BOYLE, SHIRLEY**
STREET ADDRESS **17100 TAMiami TR. #262**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE **D** ☒ Delete
NAME **COOLIGAN, NEIL**
STREET ADDRESS **17100 TAMiami TR. #37**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE **D** ☒ Change ☐ Addition
NAME **FORWARD, GERALD**
STREET ADDRESS **17100 TAMiami TR. #213**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE **VPD** ☒ Delete
NAME **DEE, JOHN**
STREET ADDRESS **17100 TAMiami TRAIL, #73**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE **VPD** ☒ Change ☐ Addition
NAME **BARTH, LLOYD**
STREET ADDRESS **17100 TAMiami TR. #298**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE **PD** ☒ Delete
NAME **BEAVER, PAUL**
STREET ADDRESS **17100 TAMiami TRAIL, #173**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE **PD** ☒ Change ☐ Addition
NAME **DEE, JOHN**
STREET ADDRESS **17100 TAMiami TR. #73**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

12. 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 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:

Willard T. Teed **WILLARD T. TEED**

2/28/04

239-567-3145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #