

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90286 032 ****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

**17100 TAMiami TRAIL
#272
PUNTA GORDA FL 33955
US**

2. Principal Place of Business

3. Mailing Address

17100 TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

272 ATTN: W. Teed

City & State

City & State

PUNTA GORDA, FL

Zip

Country

Zip

Country

33955

US

4. FEI Number **65-0178020**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

FILE NOW: FEE IS \$61.25

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 **LEYLAND, JOHN**
STREET ADDRESS **17100 TAMiami TRL 272**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE **TD** ☒ Change ☐ Addition
NAME **TEED, WILLARD**
STREET ADDRESS **17100 TAMiami TRAIL #138**
CITY-ST-ZIP **PUNTA GORDA FL. 33955**

TITLE **SD** ☒ Delete
NAME **SHIELDS, RAY**
STREET ADDRESS **17100 TAMiami TRL 3152**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE **SD** ☒ Change ☐ Addition
NAME **BOYLE, SHIRLEY**
STREET ADDRESS **17100 TAMiami TRAIL # 262**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE **PD** ☒ Delete
NAME **MOFFIT, GEORGE**
STREET ADDRESS **17100 TAMiami TRL 110**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE **PD** ☒ Change ☐ Addition
NAME **BEAVER, PAUL**
STREET ADDRESS **17100 TAMiami TRAIL #173**
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 3-15-03 1-239 567-3145

CR2E037 (10/02)