NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500000142

1. Corporation Name

EVERGREEN ACRES PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

515 SOUTH 6TH STREET MACCLENNY FL 32063

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515 SOUTH 6TH STREET MACCLENNY FL 32063

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Apr 07, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

01/11/1995

59-3387322

4. FEI Number

23	•	28				5.	Certificate of Status De	esired		-	e Req	aditional juired		
Zip	Country	Zip	Cou	ntry		6.	Election Campaign Fir	nancing		\$5	.00	May Be		
24	25.	29	30			j	Trust Fund Contributio	n Ö		•	ded to	•		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent								
			i	81	Name									
RHODEN, THOMAS R						Idrace /D	O Boy Number is Not	Accenta	hle)					
				82 Street Address (P.O. Box Number is Not Acceptable)										
515 SOUTH 6TH STREET MACCLENNY FL 32063														
l L					City	85 Zip Cod					odo			
				84	City				FL	85	Zip C	oue		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida	Statutes, the al	bove	-named co	orporation	submits this statemen	t for the	purpose of	changir	ng its r	egistered		
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 in 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 a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												istered		
	an laminal with, and accept the obligant	5113 Ot, Occupit 017.00	oo, i londa olali											
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registered	Agen	t signature requ	ulred when n	einstating)		DATE					
12.	OFFICERS AND		13.			ļ	ADDITIONS/CHANGES	TO OFF	ICERS AN	ID DIRE	CTOF	RS IN 12		
TITLE	PD	☐ DEL	ETE 1.1 TΠ	LE						☐ Cha	ange	Addition		
NAME	RHODEN, THOMAS R		1.2 NA	ME										
STREET ADDRESS	515 SOUTH 6TH STREET		1.3 ST	REET	ADDRESS									
CITY-ST-ZIP	MACCLENNY FL 32063	1.4.0		ry-st	r-zip									
TITLE			.ETE 2.1 TΠ	2.1 TITLE						Ch	ange	☐ Addition		
NAME	DAVIS, R H		2.2 NA	ME										
STREET ADDRESS			2.3 ST	REET	ADDRESS									
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TY-S	T-ZIP -		<u> </u>	_							
TITLE	STD	☐ DEL	.ETE 3.1 π	LE.						Cha	ange	Addition		
NAME	RHODEN, TINA M		3.2 NA	ME	}		•							
STREET ADDRESS	515 SOUTH 6TH STREET		3.3 ST	REET	ADDRESS									
CITY-ST-ZIP	MACCLENNY FL 32063		3.4. CI	TY-S	T-ZIP									
TITLE		☐ DEL	ETE 4.1 TT	LE						☐ Cha	ange	☐ Addition		
NAME			4.2 N	4ME	,									
STREET ADDRESS			4.3 ST	REET	ADDRESS									
CITY-ST-ZIP	;		4.4 CF	TY-ST	í-ZIP	<u> </u>								
TITLE	4	☐ DEL					•			Cha	ange	Addition		
NAME	•		5.2 NA	ME										
STREET ADDRESS			5.3 ST	REET	ADDRESS									
CITY-ST-ZIP			5.4 CI		-ZIP				<u>,,, , , , , , , , , , , , , , , , , , </u>					
TILE		☐ DEL	_				·			☐ Cha	inge	☐ Addition		
NAME			6.2 NA	ME										
STREET ADDRESS			6.3 ST	REET	ADDRESS									
CITY-ST-ZIP			6.4 CT	TY-ST	i-ZIP									

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 of 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 SIGNING OFFICER OR DIRECTOR

3-10-98 (904) 259-648 Date Devime Phone # R2E037 (11/98)

Applied For

Not Applicable