

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # N95000000142

1. Entity Name
**EVERGREEN ACRES PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**PO BOX 1331
MACCLENNY, FL 32063**

Mailing Address
**PO BOX 1331
MACCLENNY, FL 32063**



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3387322

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TATE, DONALD W
15179 N. EVERGREEN CIRCLE
GLEN SAINT MARY, FL 32040**

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TATE, DONALD W
15179 N. EVERGREEN CIRCLE
GLEN SAINT MARY, FL 32040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LESLIE, RAYMOND
15179 N. EVERGREEN CIRCLE
GLEN SAINT MARY, FL 32040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HARRELL, SANDRA
15018 S. EVERGREEN CIR.
GLEN SAINT MARY, FL 32040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000138492
04/29/04-80081-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Donald W. Tate DONALD W. TATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 APR 04

Date

904-259-6211

Daytime Phone #

x1663