

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000142

FILED  
Apr 22, 2009  
Secretary of State

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

**Current Principal Place of Business:**

14954 S. EVERGREEN CIR  
GLEN ST. MARY, FL 32040

**New Principal Place of Business:**

**Current Mailing Address:**

14954 S. EVERGREEN CIR  
GLEN ST. MARY, FL 32040

**New Mailing Address:**

**FEI Number:** 59-3387322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEAST, JONATHON E  
14954 S. EVERGREEN CIR  
GLEN SAINT MARY, FL 32040 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: PD ( ) Delete  
Name: KEAST, JONATHON E  
Address: 14954 S. EVERGREEN CIR  
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: SD ( ) Delete  
Name: TERRI, FRAZIER  
Address: 14915 S. EVERGREEN CIRCLE  
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: TD ( ) Delete  
Name: HARRELL, SANDRA  
Address: 15018 S. EVRGREEN CIR.  
City-St-Zip: GLEN SAINT MARY, FL 32040

**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:

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:** JONATHON E. KEAST

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date