

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90183 008 ****61.25

DOCUMENT # N95000000142

1. Entity Name

EVERGREEN ACRES PROPERTY OWNERS ASSOCIATION, INC



Principal Place of Business

**14954 S EVERGREEN CIRCLE
GLEN SAINT MARY FL 32040**

Mailing Address

**14954 S EVERGREEN CIRCLE
GLEN SAINT MARY FL 32040**

2. Principal Place of Business

PO BOX 1331

3. Mailing Address

PO BOX 1331

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MACLENNY, FL.

City & State

MACLENNY, FL.

4. FEI Number **59-3387322**

Applied For

Not Applicable

Zip

32063

Country

USA

Zip

32063

Country

USA

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

**KEAST, JONATHAN
14954 S EVERGREEN CIRCLE
GLEN SAINT MARY FL 32040**

Name

DONALD W. TATE

Street Address (P.O. Box Number is Not Acceptable)

15179 N. EVERGREEN CIRCLE

City

GLEN SAINT MARY

FL

Zip Code

32040

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: **Donald W. Tate DONALD W. TATE PRESIDENT**

10 APRIL 2003

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 **PD** ☒ Delete
NAME **KEAST, JONATHON E**
STREET ADDRESS **14954 S EVERGREEN CIRCLE**
CITY-ST-ZIP **GLEN SAINT MARY FL 32040**

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

TITLE **SD** ☒ Delete
NAME **TATE, DON**
STREET ADDRESS **PO BOX 1331**
CITY-ST-ZIP **GLEN SAINT MARY FL 32040**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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** **10 APRIL 2003** **904-259-6211X1663**

CR2E037 (10/02)