2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2009
Secretary of State

DOCUMENT# N98000004644

Entity Name: EVEREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O JERRY MILLER
2134 EVEREST PARKWAY
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

C/O JERRY MILLER
2134 EVEREST PARKWAY
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-0871174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GEARING, KURT
2033 SE 27TH TERRACE
CAPE CORAL, FL 33904 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:	DS	( ) Delete
Name:	PARSONS, MARY ANN	
Address:	2008 EVEREST PARKWAY	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	DP	( ) Delete
Name:	GEARING, KURT	
Address:	2033 SE 27TH TERRACE	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	DVP	( ) Delete
Name:	BARTH, JOHN	
Address:	2255 EVEREST PARKWAY	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	DT	( ) Delete
Name:	MILLER, JERRY	
Address:	2134 EVEREST PARKWAY	
City-St-Zip:	CAPE CORAL, FL 33904	

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:	
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: JERRY MILLER DT 02/01/2009

Electronic Signature of Signing Officer or Director — Date