

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004954**

1. Entity Name  
**EVERGLADES POLO HOMEOWNERS' ASSOCIATION,  
INC.**



Principal Place of Business  
**C/O HAYNE HAMILTON  
600 KRYSTAL BUILDING  
CHATTANOOGA, TN 37402**

Mailing Address  
**C/O HAYNE HAMILTON  
600 KRYSTAL BUILDING  
CHATTANOOGA, TN 37402**



01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MEYERS, DAWN M  
350 EAST LAS OLAS BLVD., SUITE 1000  
FORT LAUDERDALE, FL 33301**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JOHNSTON, SUMMERFIELD K JR.
STREET ADDRESS	C/O HAYNE HAMILTON
CITY-ST-ZIP	CHATTANOOGA, TN 37402
TITLE	D
NAME	JOHNSTON, SUMMERFIELD K III
STREET ADDRESS	C/O HAYNE HAMILTON
CITY-ST-ZIP	CHATTANOOGA, TN 37402
TITLE	D
NAME	INGRAM, ORRIN
STREET ADDRESS	C/O HAYNE HAMILTON
CITY-ST-ZIP	CHATTANOOGA, TN 37402
TITLE	P
NAME	HAMILTON, HAYNE
STREET ADDRESS	600 KRYSTAL BUILDING
CITY-ST-ZIP	CHATTANOOGA, TN 37402
TITLE	SVP
NAME	CUZZORT, PAMALA
STREET ADDRESS	600 KRYSTAL BUILDING
CITY-ST-ZIP	CHATTANOOGA, TN 37402
TITLE	TVP
NAME	BOONE STRIBLING, GUERRY
STREET ADDRESS	600 KRYSTAL BUILDING
CITY-ST-ZIP	CHATTANOOGA, TN 37402

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Pamala K. Cuzzort Pamela K. Cuzzort January 10, 2006 423-756-564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #