


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 A
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	



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent MEYERS, DAWN M 350 EAST LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Hayne Hamilton

1-23-07

423-756-1202

Date

Daytime Phone #