

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P34400** (2)

1. Corporation Name

EVERGREEN CLUB APARTMENTS CORPORATION

Principal Place of Business

% TEN WINTHROP PROPERTIES
ONE INTERNATIONAL PLACE
BOSTON MA 02110

Mailing Address

% TEN WINTHROP PROPERTIES
ONE INTERNATIONAL PLACE
BOSTON MA 02110

FILED

98 NOV 24 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98

3. Date Incorporated or Qualified

06/20/1991

4. FEI Number

04-3120388

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0595, Florida Statutes.

SIGNATURE

Vicki Schreiber, Asst. V.P.

11/17/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **ASHNER, MICHAEL L**
STREET ADDRESS **2 BRIDLE CT**
CITY-ST-ZIP **OYSTER COVE BAY NY**

TITLE **P** ☒ DELETE

NAME **MCCREADY, RICHARD J**
STREET ADDRESS **12 VALENTINE STREET**
CITY-ST-ZIP **WEST NEWTON MA 02165**

TITLE **AC** ☐ DELETE

NAME **DEMARCO, DAYNA A**
STREET ADDRESS **9 RUTLEDGE STREET**
CITY-ST-ZIP **WEST ROXBURY MA 02132**

TITLE **EVPC** ☒ DELETE

NAME **FURBER, JEFFREY D**
STREET ADDRESS **8 NANTUCKET ROAD**
CITY-ST-ZIP **WELLESLEY MA 02181**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

10/29/98 516 681 3636

011609

CR2E034 (5/98)