

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764226

**FILED**  
**Jan 22, 2015**  
**Secretary of State**  
**CC3939381727**

**Entity Name:** EVERGLADES COMMUNITY ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

19308 SW 380TH STREET  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

P.O. BOX 343529  
FLORIDA CITY, FL 33034 US

**FEI Number: 59-2247419**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

KIRK, STEVEN  
19308 SW 380TH ST  
FLORIDA CITY, FL 33034 US

*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

**Officer/Director Detail :**

Title P  
Name KIRK, STEVEN  
Address 16445 OLD CUTLER ROAD  
City-State-Zip: MIAMI FL 33157

Title AS  
Name VIDALES, FABIOLA  
Address 19308 SW 380TH STREET  
City-State-Zip: FLORIDA CITY FL 33034

Title D  
Name BOREK, MARTINA  
Address 19308 SW 380TH STREET  
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR  
Name ALEGRE, PINITA  
Address 37851 SW 192 PLACE  
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR  
Name ECHEVERRIA, FATIMA  
Address 37660 SW 192 PASSAGE  
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR  
Name SALAZAR, NOELIA  
Address 19223 SW 377 STREET  
City-State-Zip: FLORIDA CITY FL 33034

*I hereby 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 all other like empowered.*

**SIGNATURE: STEVEN KIRK**

**PRESIDENT**

**01/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date