

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715786

FILED
May 08, 2006
Secretary of State

Entity Name: EVERETT ARMS NO. 6 ASSOCIATION, INC.

Current Principal Place of Business:

3550 NW 8 AVE
BLDG 6
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

3550 NW 8 AVE
BLDG 6
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 59-2344172 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GUIMARD, LAVONNA
3550 NW 8 AVE
#607
POMPANO BEACH, FL 33064 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUIMARD, LAVONNA
Address: 3550 NW 8 AVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP () Delete
Name: BREWER, EUGENE
Address: 415 MIDWAY ROAD
City-St-Zip: ALUM CREEK, WV 25003

Title: S () Delete
Name: WHITE, KRISTINE
Address: 456 SECOND STREET
City-St-Zip: TROY, NY 12180

Title: T () Delete
Name: GUIMARD, LAVONNA
Address: 3550 NW 8TH AVE #607
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: LEWIS, JOANNE
Address: 3520 CONSTANCE DR
City-St-Zip: ROCKFORD, IL 61108

Title: D () Delete
Name: HANSON, SHIRLEY
Address: 3550 NW 8 AVE
City-St-Zip: POMPANO BEACH, FL 33064

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:

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 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: LAVONNA GUIMARD

PRES

05/08/2006

Electronic Signature of Signing Officer or Director

Date