

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715786

FILED
Feb 22, 2009
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:

P.O. BOX 8730
DEERFIELD BEACH, FL 33443

New Mailing Address:

FEI Number: 59-2344172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RATLIFF, CARY L
700 S.E. 2ND AVE.
#415
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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: PT () Delete
Name: HOWARD, JOSEPH C
Address: 3550 NW 8 AVE #610
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: LEWIS, JOANNE
Address: 3550 NW 8 AVE #611
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: PUCEK, MARY
Address: 3550 NW 8TH AVE #612
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: BLIZNIK, LONNIE
Address: 3550 NW 8TH AVE #616
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: HANSON, SHIRLEY
Address: 3550 NW 8 AVE #601
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOWARD, JOSEPH C
Address: 3550 NW 8 AVE #610
City-St-Zip: POMPANO BEACH, FL 33064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WHITE, KRISTINE
Address: 3550 NW 8 AVE #608
City-St-Zip: POMPANO BEACH, FL 33064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BLIZNIK, LUENDINA
Address: 3550 NW 8TH AVE #616
City-St-Zip: POMPANO BEACH, FL 33064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CARY L RATLIFF

RA

02/22/2009

Electronic Signature of Signing Officer or Director

Date