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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **716281** **(1)**

1. Corporation Name

EVERETT ARMS COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3550 N.W. 8TH AVENUE POMPANO BEACH FL 33064	3550 N.W. 8TH AVENUE POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1969
3a. Date of Last Report: 04/26/1994
4. FEI Number: 57-0540136 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FEGAN MARY ANN 3550 NW 8TH AVE #710 POMPANO BEACH FL 33064	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 607.0505, Florida Statutes.

SIGNATURE: Mary Ann Fegan — 3/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	FEGAN, MARY	1.2 NAME	
STREET ADDRESS	3550 NW 8TH AVE #710	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	TESTANI, ROCCO	2.2 NAME	
STREET ADDRESS	3550 NW 8TH AVE., #613	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	VERBELLA, LORRAINE	3.2 NAME	
STREET ADDRESS	3550 NW 8TH AVE., #114	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	VP ☐ Change ☐ Addition
NAME	ISOLA, JOHN	4.2 NAME	SANTOCROCE, DINO
STREET ADDRESS	3550 NW 8TH AVE., #503 DECEASED	4.3 STREET ADDRESS	3550 NW 8TH AV. 303
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	POMPANO BCH, FL 33064
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PATCH, LAURENCE J.	5.2 NAME	
STREET ADDRESS	3550 NW 8TH AVE., #408	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☐ Change ☐ Addition
NAME	SANTOCROCE, DINO	6.2 NAME	FAUZI ISAAC
STREET ADDRESS	3550 NW 8TH AVE #303	6.3 STREET ADDRESS	3550 NW 8TH AV 404
CITY-ST-ZIP	POMPANO BCH. FL	6.4 CITY-ST-ZIP	POMPANO BCH, FL 33064

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorraine Verbella — 3/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008196