

FILE NOW: FILING FEE IS \$61.25 -

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 716281
1. Corporation Name

EVERETT ARMS COMMUNITY ASS'N. INC.

Principal Place of Business Mailing Address
3550 N.W. 8th Ave.
POMPANO BEACH, FL 33064

3. Date Incorporated or Qualified 03/27/69	3a. Date of Last Report 4/15/94
4. FEI Number 57-0540136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite Apt. #, etc. Same	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

FEGAN, MARY ANN
3550 N.W. 8th Ave. #710
POMPANO BEACH, FL 33064

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Mary Ann Fegan* DATE: 4/01/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROCCO J. TESTANI	
STREET ADDRESS	3550 N.W. 8th Ave. #613	
CITY-ST-ZIP	Pompano Beach, FL	<input type="checkbox"/> DELETE
TITLE	VP	
NAME	ORBEN, SELMA	
STREET ADDRESS	3550 N.W. 8th Ave #714	
CITY-ST-ZIP	Pompano Beach, FL	<input type="checkbox"/> DELETE
TITLE	SEC.	
NAME	VERBELIA, LORRAINE	
STREET ADDRESS	3550 N.W. 8th Ave. #114	
CITY-ST-ZIP	Pompano Beach, FL	<input type="checkbox"/> DELETE
TITLE	TR	
NAME	FEGAN, MARY ANN	
STREET ADDRESS	3550 N.W. 8th Ave. #710	<input type="checkbox"/> DELETE
CITY-ST-ZIP	Pompano Beach, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ISAAC, FAUZI	
STREET ADDRESS	3550 N.W. 8th Ave. #406	
CITY-ST-ZIP	Pompano Beach, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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)(k), 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: *Mary Ann Fegan* TREAS DATE: 4/01/96 DISTANCE PHONE #: (954) 946-0575

CR2E037 (12/95)

14-9-96