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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716281** (1)

1. Corporation Name

EVERETT ARMS COMMUNITY ASSOCIATION, INC.



Principal Place of Business 3550 N.W. 8TH AVE. POMPANO BEACH FL 33064	Mailing Address 3550 N.W. 8TH AVE. POMPANO BEACH FL 33064-3063
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3. Date Incorporated or Qualified 03/27/1969	3a. Date of Last Report 04/09/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 <i>90 Summit</i>	4. FEI Number 57-0540136	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>P.O. Box 189013</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28 <i>Plantation FL</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Zip 29 <i>33318</i>		
	Country 30 <i>USA</i>		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FEKAN 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	85 Zip Code
	FL

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*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEKAN, MARY	1.2 NAME	<i>ALBERT GIBBS</i>
STREET ADDRESS	3550 NW 8TH AVE #310	1.3 STREET ADDRESS	<i>3550 NW 8th Ave #306</i>
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	<i>Pompano Beach, FL</i>
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERBELLA, LORRAINE	3.2 NAME	<i>SEC GLORIA COLETTI</i>
STREET ADDRESS	3550 NW 8TH AVE., #114	3.3 STREET ADDRESS	<i>3550 NW 8th Ave</i>
CITY-ST-ZIP	POMPANO BCH, FL 00000	3.4 CITY-ST-ZIP	<i>Pompano Beach FL</i>
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORBEN, SELMA	4.2 NAME	
STREET ADDRESS	3550 N.W. 8TH AVE., #714	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAAC, FAUZI	5.2 NAME	
STREET ADDRESS	3550 NW 8TH AVE., #406	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAUZI, ISAAC	6.2 NAME	<i>SILVIO CIARAMELLA</i>
STREET ADDRESS	3550 NW 8TH AVE., #404	6.3 STREET ADDRESS	<i>3550 NW 8th Ave</i>
CITY-ST-ZIP	POMPANO BCH. FL	6.4 CITY-ST-ZIP	<i>Pompano Beach FL</i>

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97 (954) 792-6000
Date Daytime Phone # 0022094

CR2E037 (9/96)