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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90017 034 \*\*\*\*61.25

DOCUMENT # 716281

1. Corporation Name

EVERETT ARMS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

3550 N.W. 8TH AVE.  
POMPANO BEACH FL 33064

Mailing Address

C/O CASTLE GROUP  
P O BOX 189013  
PLANTATION FL 33318  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/27/1969

4. FEI Number

57-0540136

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CASTLE PROPERTY SERVICES GROUP INC  
4450 WEST SUNRISE BOULEVARD  
SUITE C-199  
PLANATION FL 33313

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GIBBS, ALBERT  
STREET ADDRESS 3550 NW 8TH AVE #306  
CITY-ST-ZIP POMPANO BCH FL

TITLE P ☐ DELETE

NAME TESTANI, ROCCO  
STREET ADDRESS 3550 NW 8TH AVE., #613  
CITY-ST-ZIP POMPANO BEACH FL

TITLE VD ☐ DELETE

NAME COLETTI, GLORIA  
STREET ADDRESS 3550 NW 8TH AVE  
CITY-ST-ZIP POMPANO BEACH FL

TITLE STD ☐ DELETE

NAME JOHNSON, HAROLD  
STREET ADDRESS 3550 NW 8TH AVE #108  
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☒ DELETE

NAME MITCHELL, WILIAM  
STREET ADDRESS 3550 NW 8TH AVE  
CITY-ST-ZIP POMPANO BCH. FL

TITLE D ☐ DELETE

NAME CIARAMELLA, SILVIO  
STREET ADDRESS 3550 NW 8TH AVE  
CITY-ST-ZIP POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Rocco Testani, President

3/16/99

(954) 792-6000

Date

Daytime Phone #

CR2E037 (11/98)