

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716281

1. Entity Name

EVERETT ARMS COMMUNITY ASSOCIATION, INC.

**FILED**  
**Jul 11, 2000 8:00 am**  
**Secretary of State**

07-11-2000 90005 001 \*\*\*490.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3550 N.W. 8TH AVE. POMPANO BEACH FL 33064	Mailing Address <del>C/O CASTLE GROUP</del> <del>P O BOX 189013</del> <del>PLANTATION FL 33318-3013</del> <del>US</del>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 221 W. Camino Real
City & State	City & State BOCA RATON FL
Zip	Country 33432 Palm Beach

4. FEI Number 57-0540136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
THOMAS LESLIE

Street Address (P.O. Box Number is Not Acceptable)  
221 W. CAMINO REAL

City  
BOCA RATON FL Zip Code  
33432

8. 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 Thomas Leslie THOMAS LESLIE DATE 6/28/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, ALBERT 3550 NW 8TH AVE #306 POMPANO BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TESTANI, ROCCO 3550 NW 8TH AVE., #613 POMPANO BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLETTI, GLORIA 3550 NW 8TH AVE POMPANO BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, HAROLD 3550 NW 8TH AVE #108 POMPANO BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOVATT, WILLIAM 3550 NW 8TH AVE #7 702 POMPANO BCH. FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIARAMELLA, SILVIO 3550 NW 8TH AVE POMPANO BEACH FL <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP, D</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARIE EVANS 3550 NW 8TH AVE, #710 POMPANO BEACH FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BELORES WOODING 3550 NW 8TH AVE, #207 POMPANO BEACH FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KAREN EVANS 3550 NW 8TH AVE, #710 POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HAROLD JOHNSON 3550 NW 8TH AVE #108 POMPANO BEACH, FL 33064

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria Coletti **REQUIRED** DATE 6/28/00 (561) 392-0637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)