FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # 716281 1. Entity Name 😘 EVERETT ARMS COMMUNITY ASSOCIATION, INC. 04-02-2001 90097 020 ****61.25 Principal Place of Business Mailing Address 221 W CAMINO REAL 3550 N.W. 8TH AVE. U0039431 POMPANO BEACH FL 33064 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address CDS MANAGEMENT & REAL REPAIR GROUP, INC. DO NOT WRITE IN THIS SPACE P.O. BOR'17524 #, etc. (PO Box 175a4) Suite, Apt. #, etc. PLANTATION, FL. 88819-79 Applied For City & State FEI Number City & State 57-0540136 Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LESLIE, THOMAS 221 W CAMINO REAL **BOCA RATON FL 33432** ent for the purpose of changing its registered office or registered or both, in the state of Florida 8. The above named entity su SIGNATURE Signature, typed or printed nan Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change TITLE **VPD** Delete TITLE Rocco Testani NAME GIBBS, ALBERT NAME 3550 NW & Ave #613 STREET ADDRESS STREET ADDRESS 3550 NW 8TH AVE #306 Pompano Beach CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL TITLE X. Delete TITLE en Evans NAME NAME EVANS, MARIE 550NW81A12 #710 STREET ADDRESS STREET ADDRESS 3550 NW 87TH AVE, #710 ompano Black F CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Change Addition Delete TITLE TITLE Mary Jane Mc Duffie 3550 NW 8 AVE #716 Pompano Black, F1 NAME COLETTI, GLORIA NAME STREET ADDRESS STREET ADDRESS 3550 NW 8TH AVE CITY-ST-ZIF CITY-ST-ZIP POMPANO BEACH FL Change ☐ Addition TITLE TITLE ☐ Delete WOODING, DELORIS WOODING, DOLORES NAME NAME STREET ADDRESS STREET ADDRESS 3550 NW 87TH AVE. #207 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 Addition Change **D**elete TITLE TITLE Gloria Colitle 3550 NW 8 AVE **EVANS, DELORES** NAME STREET ADDRESS STREET ADDRESS 3550 NW 87TH AVE, #207 CITY-ST-ZIP Ponsono Beach, F CITY-ST-ZIP POMPANO BEACH FL 33064 Change Addition TITLE ☐ Delete TITLE NAME JOHNSON, HAROLD NAME STREET ADDRESS STREET ADDRESS 3550 NW 8TH AVE, #108 CITY-ST-ZIP CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF STATING OFFICER OR DIRECT

03/08/0/

Daytime Phone #