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FILED
Jun 11, 2002 8:00 am
Secretary of State
05-19-2002 90074 013 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716281

1. Entity Name
EVERETT ARMS Community Association, Inc

DO NOT WRITE IN THIS SPACE

92524

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10034 W McNab Rd	10034 W McNab Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC, FL	City & State: TAMARAC, FL
Zip: 33321 Country	Zip: 33321 Country

4. FEI Number: 570540136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JAMES R. Miles

Street Address (P.O. Box Number is Not Acceptable): 10034 W McNab Rd

City: TAMARAC FL Zip Code: 33321

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 _____ DATE 4/2/02

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

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD NAME DANIEL GAEGORY STREET ADDRESS 3550 NW 8 AV. #512 CITY-ST-ZIP POMPANO BCH. FL 33064		TITLE D NAME HAROLD JOHNSON STREET ADDRESS 3550 NW 8TH AVE #108 CITY-ST-ZIP POMPANO BEACH, FL 33064	
TITLE V.P. NAME RICHARD GULBRANSEN STREET ADDRESS 3550 NW 8TH AV #316 CITY-ST-ZIP POMPANO BEACH, FL 33064		TITLE D NAME MARY JANE McDUFFEE STREET ADDRESS 3550 NW 8TH AVE #716 CITY-ST-ZIP POMPANO BEACH, FL 33064	
TITLE S NAME SILVIO CIARAMELLA STREET ADDRESS 3550 NW 8TH AVE # 806 CITY-ST-ZIP POMPANO BEACH, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE T NAME Nicolo GARGARDO STREET ADDRESS 3550 NW 8TH AVE # 214 CITY-ST-ZIP POMPANO BEACH, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE D NAME ANN MARIANO STREET ADDRESS 3550 NW 8TH AVE #413 CITY-ST-ZIP POMPANO BEACH, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME Rocco TESTANI STREET ADDRESS 3550 NW 8TH AVE #613 CITY-ST-ZIP POMPANO Beach, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/2/02 954.718.9903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #