

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90039 048 ****61.25

DOCUMENT # 716281 1. Entity Name EVERETT ARMS COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 3550 N.W. 8TH AVENUE POMPANO BEACH, FL 33064			Mailing Address POST OFFICE BOX 8730 DEERFIELD BEACH, FL 33443-8730 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02222008 Chg-NP CR2E037 (12/06)	
Zip		Country		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				7. Name and Address of New Registered Agent	
RATLIFF, CARY L 700 S.E. 2ND AVENUE, #415 DEERFIELD BEACH, FL 33441				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUIMARD, LAVONNA		NAME		
STREET ADDRESS	3550 NW 8 AVE., #607		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCOY, RANDY		NAME		
STREET ADDRESS	3550 NW 8 AVE., #511		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUSSO, BENNIE		NAME		
STREET ADDRESS	3550 NW 8 AVE., #703		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERNDT, MARTIN		NAME		
STREET ADDRESS	3550 NW 8 AVE. #408		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCOY, WILLIAM		NAME		
STREET ADDRESS	3550 NW 8 AVE., #114		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OBERTI, LOUIS		NAME		
STREET ADDRESS	3550 NW 8 AVE., #202		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Cary L. Ratliff R.A.</i>			2/22/08 (954) 421-3058		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

Everett Arms Community Association, Inc.
2008 Not-for-Profit Corporation Annual Report
Document #716281

40030777

Attachment to Report

PD

McCoy, William
3550 N.W. 8th Ave. #114
Pompano Beach, FL 33064

VD

Lovatt, William
3550 N.W. 8th Ave. #702
Pompano Beach, FL 33064

SD

McCoy, Sherman R.
3550 N.W. 8th Ave. #511
Pompano Beach, FL 33064

D

Scozzari, Joseph
3550 N.W. 8th Ave. #302
Pompano Beach, FL 33064

D

Racanelli, John
3550 N.W. 8th Ave. #416
Pompano Beach, FL 33064

D

Howard, Joseph
3550 N.W. 8th Ave. #610
Pompano Beach, FL 33064

D

Ciaramella, Silvio
3550 N.W. 8th Ave. #806
Pompano Beach, FL 33064