

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716281

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** EVERETT ARMS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

3550 N.W. 8TH AVENUE  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 8730  
DEERFIELD BEACH, FL 334438730 US

**New Mailing Address:**

**FEI Number:** 57-0540136

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RATLIFF, CARY L  
700 S.E. 2ND AVENUE, #415  
DEERFIELD BEACH, FL 33441 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MCCOY, WILLIAM  
**Address:** 3550 NW 8TH AVE STE114  
**City-St-Zip:** POMPANO BEACH, FL 33064

**Title:** SD  
**Name:** WHITE, KRISTINE  
**Address:** 3550 NW 8TH AVE STE 608  
**City-St-Zip:** POMPANO BEACH, FL 33064

**Title:** VD  
**Name:** MAZZONE, JAMES  
**Address:** 3550 NW 8TH AVE STE 813  
**City-St-Zip:** POMPANO BEACH, FL 33064

**Title:** D  
**Name:** SCOZZARI, JOSEPH  
**Address:** 3550 NW 8TH AVE STE 302  
**City-St-Zip:** POMPANO BEACH, FL 33064

**Title:** D  
**Name:** RACANELLI, JOHN  
**Address:** 3550 NW 8TH AVE STE 416  
**City-St-Zip:** POMPANO BEACH, FL 33064

**Title:** D  
**Name:** OBERTI, LOUIS  
**Address:** 3550 NW 8 AVE., #202  
**City-St-Zip:** POMPANO BEACH, FL 33064

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CARY L. RATLIFF

RA

03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date