


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90231 023 ****61.25

DOCUMENT # 716785

1. Entity Name
 EVERETT ARMS NO. 5 ASSOCIATION, INC.



Principal Place of Business
 1801 S DIXIE HWY
 POMPANO BEACH, FL 33060 US

Mailing Address
 1801 S DIXIE HWY
 POMPANO BEACH, FL 33060 US

50020428



2. Principal Place of Business
3550 NW 8 Avenue
 Suite, Apt. #, etc.
#511

3. Mailing Address
3550 NW 8 Avenue
 Suite, Apt. #, etc.
#511

02222005 Chg-NP CR2E037 (10/03)

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip
33064

Country
USA

Zip
33064

Country
USA

4. FEI Number
65-0382458

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SHINDELDECKER, KAREN
 1801 S DIXIE HWY
 POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name
Randy McCoy

Street Address (P.O. Box Number is Not Acceptable)
3550 NW 8 Avenue #511

City
Pompano Beach FL Zip Code
33064

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 *Randy McCoy - pres. 2/22/05* DATE

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

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCOY, BOB	
STREET ADDRESS	3550 NW 8TH AVE #513	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SHINDELDECKER, KAREN	
STREET ADDRESS	3550 NW 8TH AVE #516	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCOY, RANDY	
STREET ADDRESS	3550 NW 8TH AVE #511	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIPPE, DAN	
STREET ADDRESS	3550 NW 8TH AVE #510	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCoy, Randy	
STREET ADDRESS	3550 NW 8 Avenue #511	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCoy, Robert	
STREET ADDRESS	3550 NW 8 Avenue #513	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shindeldecker, Karen	
STREET ADDRESS	3550 NW 8 Avenue #516	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fascilla, Domenic	
STREET ADDRESS	3550 NW 8 Avenue #501	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peloso, Emidio	
STREET ADDRESS	3550 NW 8 Avenue #514	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbieri, Eduardo	
STREET ADDRESS	3550 NW 8 Avenue #505	
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: *Randy McCoy 2/22/05 & pres* Date **2/22/05** Daytime Phone **954-941-3075**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR