

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716950 (1)

1. Corporation Name

EVERETT ARMS NO. 4 ASSOCIATION, INC., A CONDOMINIUM/ASSOCIATION

Principal Place of Business

Mailing Address

3550 NW 8TH AVENUE
BUILDING 4
POMPANO BEACH FL 33064

3550 NW 8TH AVENUE
BUILDING 4
POMPANO BEACH FL 33064



2. Principal Place of Business

2a. Mailing Address

21 SAME

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/01/1969

3a. Date of Last Report
03/17/1995

4. FEI Number
59-1424913

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

FEGAN, MARY ANN
3550 NW 8TH AVE
SUITE 710
POMPANO BEACH FL 33064

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Mary Ann Fegan
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AT ☐ DELETE
NAME FEGAN, MARY A
STREET ADDRESS 3550 NW 8TH AVE BLDG 7
CITY-ST-ZIP POMPANO BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD ☐ DELETE
NAME BARBERO, ROSE
STREET ADDRESS 3550 NW 8TH AVE BLDG 4
CITY-ST-ZIP POMPANO BEACH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD ☐ DELETE
NAME FAUZI, ISAAC
STREET ADDRESS 3550 NE 8TH AVE., #4
CITY-ST-ZIP POMPANO BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD ☐ DELETE
NAME DIX, MARGARETE
STREET ADDRESS 3550 NW 8TH AVE BLDG 4
CITY-ST-ZIP POMPANO BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP ☐ DELETE
NAME RATZMANN, BETTY
STREET ADDRESS 3550 NW 8TH AVE., #401
CITY-ST-ZIP POMPANO BEACH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary Ann Fegan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

(305) 946-0575

CR2E037 (12/95)