

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 CONDOMINI
UM/ASSOCIATION

Principal Place of Business

Mailing Address

3550 NW 8TH AVENUE
BUILDING 4
POMPANO BEACH FL 330643550 NW 8TH AVENUE
BUILDING 4
POMPANO BEACH FL 33064-30633. Date Incorporated or Qualified
08/01/19693a. Date of Last Report
03/21/1996

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

4. FEI Number

59-1424913

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 330641.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP 33064TITLE TD ☐ DELETE
NAME BARBERO, ROSE
STREET ADDRESS 3550 NW 8TH AVE BLDG 4
CITY - ST - ZIP POMPANO BEACH FL2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Apt 410
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP 33064TITLE PD ☐ DELETE
NAME FAUZI, ISAAC
STREET ADDRESS 3550 NE 8TH AVE., #4
CITY - ST - ZIP POMPANO BEACH FL3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Apt 409
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP 33064TITLE SD ☐ DELETE
NAME DIX, MARGARETE
STREET ADDRESS 3550 NW 8TH AVE BLDG 4
CITY - ST - ZIP POMPANO BEACH FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Apt 402
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP 33064TITLE VP ☐ DELETE
NAME RATZMANN, BETTY
STREET ADDRESS 3550 NW 8TH AVE., #401
CITY - ST - ZIP POMPANO BEACH FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP 33064TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☒ Addition
6.2 NAME 2nd VP
6.3 STREET ADDRESS MITCHELL, WM Apt 404
6.4 CITY - ST - ZIP 3550 NW 8TH AVE
POMPANO BEACH, FL 3306414. I do 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 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: Isaac Fauzi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97

Date

Daytime Phone # 0022093

CR2E037 (9/96)