


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90017 036 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 716950**

1. Corporation Name

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

Principal Place of Business

3550 NW 8TH AVENUE  
BUILDING 4  
POMPANO BEACH FL 33064

Mailing Address

3550 NW 8TH AVENUE  
BUILDING 4  
POMPANO BEACH FL 33064



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/01/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1424913	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		30		30	

9. Name and Address of Current Registered Agent

**BARBERO, ROSE**  
**3550 NW 8TH AVE**  
**APT. 409**  
**POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBOLD, ANTON LOU	1.2 NAME	
STREET ADDRESS	3550 NW 8TH AVE, APT. 408	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBERO, ROSE	2.2 NAME	
STREET ADDRESS	3550 NW 8TH AVE, APT. 409	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUZI, ISAAC	3.2 NAME	
STREET ADDRESS	3550 NW 8TH AVE, APT. 406	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIX, MARGARETE	4.2 NAME	
STREET ADDRESS	3550 NW 8TH AVE., APT 402	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RATZMANN, BETTY	5.2 NAME	
STREET ADDRESS	3550 NW 8TH AVE., #401	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, WM.	6.2 NAME	
STREET ADDRESS	3550 NW 8TH AVE., APT #404	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-99 783 4756

CR2E037 (1/98)