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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am secretary of State **DOCUMENT # 716950** 1. Entity Name EVERETT ARMS NO. 4 ASSOCATION, INC., A CONDOMINI 04-04-2001 90130 030 ****61.25 Principal Place of Business Mailing Address 3550 NW 8TH AVENUE 221 W CAMINO REAL BUILDING 4 / 107 4/6 POMPANO BEACH FL 33064 **BOCA RATON FL-33432** 3. Mailing Address JJO NW 87 NW 550 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1424913 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEGLIE, THOMAS 221 W CAMINO REAL-BOCA RATON FL 33432 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. **SIGNATURE** egistered Agent signature required when reinstating? FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS (10/00) TITLE 🗖 Delete TITLE **Change** ☐ Addition ARELLA JOHN J GARELLA, JOHN NAME NAME STREET ADDRESS 3550 NW 87TH AVE , UNI 416 STREET ADDRESS **CR2E037** CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 Change D۷ ☐ Addition TITLE ☐ Delete TITLE MARIANO, ANN NAME NAME STREET ADDRESS STREET ADDRESS 3550 NW 87TH AVE, 4130 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 Delete TITLE TITLE ☐ Addition MANRANA, BONIFACIA NAME NAME 3550 NW 87TH AVE, 410B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP TITLE Delete. Addition CASTRIBATØ, GAETANO NAME NAME 3550 NW 8/TH AVE, UNIT STREET ADDRESS STREET ADDRESS CITY-ST-7IP POMPANO BEACH FL 33064 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME MITCHELL, JUDINH NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONPANO BEACH FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP OMPINO BEND 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 w

SIGNATURE

SIGNATURE: