

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90043 044 ****61.25

DOCUMENT # 716950

1. Entity Name

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



Principal Place of Business

3550 NW 8TH AVENUE
APT 413
POMPANO BEACH FL 33064

Mailing Address

3550 NW 8TH AVENUE
APT 413
POMPANO BEACH FL 33064
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1424913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIANO, ANN
3550 NW 8TH AVE
APT 413
POMPANO BEACH FL 33064

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS ☐ Delete
NAME FLOYD, ASHLEY
STREET ADDRESS 3550 NW 8TH AVE UNIT 407
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME MARIANO, ANN
STREET ADDRESS 3550 NW 8TH AVE, UNIT 413
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LEPORE, LUIGI
STREET ADDRESS 3550 NW 8TH AVE APT 401
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☒ Delete
NAME SHELL, EUGENE
STREET ADDRESS 3550 NW 8TH AVENUE UNIT 412
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE VICE PRES/TREASURER ☒ Change ☐ Addition
NAME MARTIN BERNST
STREET ADDRESS 3550 NW 8TH AVE APT 408
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME DANIEL MARIANO
STREET ADDRESS 3550 NW 8TH AVE APT 413
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME ANTONIO LORETO
STREET ADDRESS 51 PARKVIEW DRIVE
CITY-ST-ZIP NEPEAN ONTARIO CANADA K2E-7Y2

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:

ANN MARIANO, PRES/DIRECTOR *Ann Mariano* 4-1-04 954-941-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #