

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90005 046 \*\*\*\*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 408  
POMPAÑO BEACH, FL 33064**

Mailing Address  
**3550 NW 8TH AVENUE  
APT 408  
POMPAÑO BEACH, FL 33064**

40100005



2. Principal Place of Business

3. Mailing Address

07102006 Chg-NP CR2E037 (4/06)

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

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

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25  
Due by September 6, 2006**

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

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

TITLE **D** ☐ Delete  
NAME **MARINO, ANN**  
STREET ADDRESS **3550 NW 8TH AVE, UNIT 413**  
CITY-ST-ZIP **POMPAÑO BEACH, FL 33064**

TITLE **D** ☐ Delete  
NAME **REGINA, JOHN**  
STREET ADDRESS **3550 NW 8TH AVE APT 401**  
CITY-ST-ZIP **POMPAÑO BEACH, FL 33064**

TITLE **DP** ☐ Delete  
NAME **BRANDT, MARTIN**  
STREET ADDRESS **3550 NW 8TH AVE APT 408**  
CITY-ST-ZIP **POMPAÑO BEACH, FL 33064**

TITLE **D** ☐ Delete  
NAME **MARINO, DANIEL**  
STREET ADDRESS **3550 NW 8TH AVE APT 410**  
CITY-ST-ZIP **POMPAÑO BEACH, FL 33064**

TITLE **D** ☐ Delete  
NAME **LURETI, ANTONIO**  
STREET ADDRESS **51 PARIGLEN DRIVE**  
CITY-ST-ZIP **NEPEAN, ONTARIO, CANADA, K2E-72**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME **Correct last Name**  
STREET ADDRESS **← Mariano**  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME **Correct last name**  
STREET ADDRESS **← Berndt**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Correct last name**  
STREET ADDRESS **← Mariano**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Correct last Name**  
STREET ADDRESS **← Loretti**  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Martin Berndt* **Martin Berndt President 7-16-06 954-494-2974**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #