

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90182 008 ****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 416
POMPANO BEACH FL 33064**

Mailing Address

**3550 NW 8TH AVENUE
APT 416
POMPANO BEACH FL 33064
US**

2. Principal Place of Business

3550 NW 8TH AVE

3. Mailing Address

3550 NW 8TH AVE

Suite, Apt. #, etc.

413

Suite, Apt. #, etc.

413

City & State

POMPANO BEACH

City & State

POMPANO BEACH

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD



☒ CHECK HERE IF MAKING CHANGES

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

**CARELLA, JOHN J
3550 NW 8TH AVE
APT 416
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name **ANN MARIANO**

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

3550 NW 8TH AVE

APT 413

City **POMPANO BEACH**

FL

Zip Code

33064

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

Ann C Mariano

REGISTERED AGENT

4/1/03

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

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 **DST** ☒ Delete
NAME **GARELLA, JOHN**
STREET ADDRESS **3550 NW 8TH AVE, UNIT 416**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **DP** ☐ Delete
NAME **MARIANO, ANN**
STREET ADDRESS **3550 NW 8TH AVE, 4130**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☒ Delete
NAME **CASTRICATO, GAETANO**
STREET ADDRESS **3550 NW 8TH AVE, UNIT 403**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

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

TITLE **DVP** ☒ Delete
NAME **CELLUCCI, PASQUARE**
STREET ADDRESS **3550 NW 8TH AVE, UNIT 403**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Change ☒ Addition
NAME **ASHLEY FLOYD**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME **EUGENE SHEIL**
STREET ADDRESS **3550 NW 8TH AVE UNIT 41V**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

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 C Mariano* **SIGNATURE REQUIRED**

PRES

4/1/03

954 941 1150

CR2E037 (10/02)