2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2009
Secretary of State

DOCUMENT# 717289

Entity Name: EVERETT ARMS NO. 3 ASSOCIATION, INC.

Current Principal Place of Business:

3550 N.W. 8TH AVENUE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8730
DEERFIELD BEACH, FL 33443 US

New Mailing Address:

FEI Number: 59-1373901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RATLIFF, CARY L
700 S.E. 2ND AVE.
#415
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: GIRARDO, NELSON
Address: 3550 NW 8TH AVE #310
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD ( ) Delete
Name: SANTACROCE, DINO
Address: 3550 NW 8TH AVE #303
City-St-Zip: POMPANO BEACH, FL 33064

Title: PD ( ) Delete
Name: SCOZZARI, JOSEPH
Address: 3550 NW 8TH AVE # 302
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete
Name: PRADO, ANTONIO P
Address: 3550 N.W. 8TH AVENUE #311
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete
Name: FOX, FRANK
Address: 3550 NW 8TH AV #308
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: PRADO, ANTONIO P
Address: 3550 NW 8TH AVE #311
City-St-Zip: POMPANO BEACH, FL 33064

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BAFFES, PETER
Address: 3550 N.W. 8TH AVENUE #315
City-St-Zip: POMPANO BEACH, FL 33064

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARY L. RATLIFF RA 02/22/2009

Electronic Signature of Signing Officer or Director — Date