

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718275

FILED
Feb 20, 2006
Secretary of State

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

Current Principal Place of Business:

3550 N. W. 8 AVE.
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8730
DEERFIELD BEACH, FL 33443

New Mailing Address:

FEI Number: 59-1387366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RATLIFF, CARY L
706 S.E. 2ND AVE.
#436
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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

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: _____

02/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, HAROLD
Address: 3550 NW 8TH AVE #108
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: JOHNSON, BARBARA
Address: 3550 NW 8TH AVE #108
City-St-Zip: POMPANO BEACH, FL 33064

Title: STD () Delete
Name: MC COY, WILLIAM
Address: 3550 NW 8TH AVE #114
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCOY, WILLIAM
Address: 3550 NW 8TH AVE #114
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD (X) Change () Addition
Name: JOHNSON, BARBARA
Address: 3550 NW 8TH AVE #108
City-St-Zip: POMPANO BEACH, FL 33064

Title: D (X) Change () Addition
Name: JOHNSON, HAROLD
Address: 3550 NW 8TH AVE #108
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the 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

02/20/2006

Electronic Signature of Signing Officer or Director

Date