

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 15, 2007  
Secretary of State**

DOCUMENT# 718275

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

03/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date