

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 719230 (5)

1. Corporation Name

EVERETT ARMS NO. 7 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3550 N W 8TH AVE  
POMPANO BEACH FL 33064

3550 N W 8TH AVE  
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified <b>09/01/1970</b>	3a. Date of Last Report <b>03/17/1995</b>
4. FEI Number <b>57-0541036</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business <b>Same</b>	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEGAN MARY ANN  
3550 NW 8TH AVE, APT. 710  
POMPANO BCH. FL 33064

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Mary Ann Fegan*

3/12/96

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ORBEN, SELMA</b>	
STREET ADDRESS	<b>3550 NW 8TH AVE #714</b>	
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GALLUCCIO, OTTO</b>	
STREET ADDRESS	<b>3550 NW 8TH AVE, APT 713</b>	
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> DELETE
NAME	<b>FEGAN, MARY ANN</b>	
STREET ADDRESS	<b>3550 NW 8TH AVENUE #710</b>	
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MURPHY, MICHAEL</b>	
STREET ADDRESS	<b>3550 NW 8TH AVENUE #708</b>	
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PUSATERE, LEO</b>	
STREET ADDRESS	<b>3550 NW 8TH AVE, APT 711</b>	
CITY-ST-ZIP	<b>POMPANO BCH, FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COURTIN, ALFRED</b>	
STREET ADDRESS	<b>3550 NW 8TH AVE, APT 716</b>	
CITY-ST-ZIP	<b>POMPANO BCH, FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>PAUL DOROSH</b>	
2.3 STREET ADDRESS	<b>3550 NW 8TH AV #5</b>	
2.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33064</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>GALLUCCIO, OTTO</b>	
5.3 STREET ADDRESS	<b>3550 NW 8TH AV #13</b>	
5.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33064</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>JOHN REFORGIATO</b>	
6.3 STREET ADDRESS	<b>3550 NW 8TH AV #2</b>	
6.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33064</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Ann Fegan*

*Treas/Sec.*

3/12/96 (305) 946-0575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)