


FILE NOW: FILING FEE IS \$61.25

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Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90082 039 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719230**

1. Corporation Name  
**EVERETT ARMS NO. 7 ASSOCIATION, INC.**

Principal Place of Business 3550 N W 8TH AVE POMPANO BEACH FL 33064	Mailing Address 3550 N W 8TH AVE POMPANO BEACH FL 33064
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/01/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 57-0541036 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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 (NOTE: Registered Agent signature required when reinstating) DATE 2/25/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICINTIO, THOMAS		1.2 NAME	LOVATT, WILLIAM	
STREET ADDRESS	3550 NW 8TH AVE #703		1.3 STREET ADDRESS	3550 NW 8th Av. #702	
CITY-ST-ZIP	POMPANO BCH, FL 00000 33064		1.4 CITY-ST-ZIP	Pompano Beach, FL 33-64	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEORGIATO, JOHN		2.2 NAME	ORBEN, SELMA	
STREET ADDRESS	3550 NW 8TH AVE #702		2.3 STREET ADDRESS	3550 NW 8th Av. #714	
CITY-ST-ZIP	POMPANO BEACH FL 33064		2.4 CITY-ST-ZIP	Pompano Beach, FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	S/T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEGAN, MARY ANN		3.2 NAME	FEGAN, MARY ANN	
STREET ADDRESS	3550 NW 8TH AVENUE #710		3.3 STREET ADDRESS	3550 NW 8th Av. #710	
CITY-ST-ZIP	POMPANO BCH, FL 00000 33064		3.4 CITY-ST-ZIP	Pompano Beach, FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	DI CINTIO, Tom	
STREET ADDRESS			4.3 STREET ADDRESS	Unit #703	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Mary Ann Fegan SIGNATURE REQUIRED DATE 2/25/99 (954) 946-0575

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