

2001 UNIFORM BUSINESS REPORT (UBR)

3/3

FILED
May 17, 2001 8:00 am
Secretary of State

03-30-2001 90343 006 ****61.25

DOCUMENT # 719230

1. Entity Name

EVERETT ARMS NO. 7 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3550 N W 8TH AVE
 POMPANO BEACH FL 33064

221 W CAMINO REAL
 BOCA RATON FL 33432

43833

2. Principal Place of Business

3. Mailing Address

CDS MANAGEMENT & REAL ESTATE GROUP, INC.
 P.O. BOX 17524
 PLANTATION, FL 33318-7524

Suite, Apt. #, etc.

(PO Box 17524)

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

57-0541036

Applied For

Not Applicable

Zip

Country

Zip

Country

33318-7524 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESLIE, THOMAS
 221 W CAMINO REAL
 BOCA RATON FL 33432

Name: **CDS Management & Real Estate Group, Inc**
 Street Address (P.O. Box Number is Not Acceptable): **300 South Pine Island Road**
 Suite **212**
 City: **Plantation** FL Zip Code: **33324**

8. 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

[Signature] President **CDS Management & Real Estate Group, Inc** 3/8/01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution:

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPSD	<input type="checkbox"/> Delete
NAME	LOVATT, WILLIAM	
STREET ADDRESS	3550 NW 8TH AVE., #702	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCDUFFEE, MARY J	
STREET ADDRESS	3550 NW 87TH AVE, #716	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EVHNS, KENNETH	
STREET ADDRESS	3550 NW 87TH AVE, #710	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVATT, WILLIAM	
STREET ADDRESS	3550 NW 8TH AVENUE, #702	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDUFFIE, MARY J	
STREET ADDRESS	3550 NW 87TH AVE, #716	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH EVANS	
STREET ADDRESS	3550 NW 87TH AVENUE, #710	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **03/08/01**
 Daytime Phone #

CR2E037 (10/00)