

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719825

FILED
Mar 10, 2009
Secretary of State

Entity Name: EVERETT ARMS NO. 2 ASSOCIATION, INC.

Current Principal Place of Business:

3550 N.W. 8TH AVE
APT 207
POMPANO BEACH, FL 33064 US

Current Mailing Address:

P.O. BOX 8730
DEERFIELD BEACH, FL 33443 US

New Principal Place of Business:

700 S.E. 2ND AVE.
APT 415
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: 59-2366238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACKER, KEITH F ESQ
400 SOUTH DIXIE HIGHWAY
#420
BOCA RATON, FL 33432 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: PD () Delete
Name: OBERTI, LOUIS
Address: 3550 NW 8TH AVE, APT 202
City-St-Zip: POMPANO BEACH, FL 33064

Title: VD () Delete
Name: GARGARO, NICOLA
Address: 3550 NW 8TH AVE, APT 214
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: OBERTI, PATRICIA
Address: 3550 NW 8TH AVE, APT 202
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD () Delete
Name: DOLORES, WOODING
Address: 3550 NW 8TH AVE, APT 207
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: RAUSA, ROSA M
Address: 3550 NW 8TH AVE, APT 205
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: COLASANTE, BENNIE
Address: 3550 NW 8TH AVE, APT 216
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: SD (X) Change () Addition
Name: OBERTI, PATRICIA
Address: 3550 NW 8TH AVE, APT 202
City-St-Zip: POMPANO BEACH, FL 33064

Title: D (X) Change () Addition
Name: DOLORES, WOODING
Address: 3550 NW 8TH AVE, APT 207
City-St-Zip: POMPANO BEACH, FL 33064

Title: D (X) Change () Addition
Name: RECTOR, JACQUELINE
Address: 3550 NW 8TH AVE, APT 203
City-St-Zip: POMPANO BEACH, FL 33064

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

I hereby certify that the information supplied with this filing does not qualify 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: KEITH BACKER

RA

03/10/2009

Electronic Signature of Signing Officer or Director

Date