

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716950

Entity Name: EVERETT ARMS NO. 4 ASSOCIATION, INC., A
CONDOMINIUM/ASSOCIATION**FILED**
Mar 02, 2020
Secretary of State
8956311876CC**Current Principal Place of Business:**3350 NW 8TH AVE
BUILDING 4
POMPANO BEACH, FL 33064**Current Mailing Address:**3550 N.W. 8TH AVENUE
BUILDING 4
POMPANO BEACH, FL 33064 US**FEI Number: 59-1424913****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHERYL LEVIN PA
4694 NW 103 AVE
SUNRISE, FL 33351 US*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:** CHERYL LEVINE**03/02/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	OLIVIERI, BRUNO
Address	32 SUTTON PLACE
City-State-Zip:	OTTOWA ONTARIO CANADA K2E 5G3

Title	VP
Name	VIKTOR, MULLA
Address	4515 S.E. 9TH AVEMIE #10
City-State-Zip:	POMPANO BEACH FL 33060

Title	TREASURER
Name	GAVILAN, BEATRIZ
Address	322 BUCHANAN STREET APT 906
City-State-Zip:	HOLLYWOOD FL 33019

Title	DIRECTOR
Name	DE SOUZA, RONNI
Address	1915 N.E. 204 TERRACE
City-State-Zip:	MIAMI FL 33179

Title	SECRETARY
Name	RODRIGUEZ, NELSON
Address	3550 N.W. 8TH AVE. #416
City-State-Zip:	POMPANO BEACH FL 33064

I hereby 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 all other like empowered.

SIGNATURE: BEATRIZ GAVILAN**TREASURER****03/02/2020**

Electronic Signature of Signing Officer/Director Detail

Date