
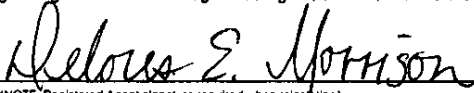


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90173 010 ****61.25

DOCUMENT # 723153					
1. Entity Name QUADOMAIN CONDOMINIUM ASSOCIATION INC.					
Principal Place of Business 2201 S OCEAN DRIVE HOLLYWOOD, FL 33019		Mailing Address 2201 S OCEAN DRIVE HOLLYWOOD, FL 33019			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1486802	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAY, JONI 2201 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019			Name Delores Morrison		
			Street Address (P.O. Box Number is Not Acceptable) 2201 S Ocean Dr, Apt 2708		
			City Hollywood FL Zip Code 33019		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Delores Morrison, Sec</u>				DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEINSTEIN, DORIS 2201 S OCEAN DR #201 HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mary Cerciello 2101 S Ocean Dr, # 1902 Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOMMEL, BILL 2201 S OCEAN DR #401 HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Carmen Ledesma 2101 S Ocean Dr, # 1207 Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DROZDOW, JOANNE 2101 S OCEAN DR #607 HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Delores Morrison 2101 S Ocean Dr, # 2708 Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSENBLITT, MAC 2201 S OCEAN DR #403 HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Antonio R Lopez 2201 S Ocean Dr, # 2102 Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PISANI, SALLIE 2201 S OCEAN DR #1201 HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerry Berman 2201 S Ocean Dr, # 1507 Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLASKY, RON 2201 S OCEAN DR #602 HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donald Urquhart 2101 S Ocean Dr, # 902 Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.					
SIGNATURE: <u>Mary Cerciello, President</u>		Date: <u>3/26/07</u>		Daytime Phone #: <u>954-921-8902</u>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40049767



03222007 Chg-NP CR2E037 (12/06)