2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2002 8:00 am Secretary of State **DOCUMENT # 728331** 05-23-2002 90113 003 ****61.25 QUAIL RIDGE CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business $abla \approx \mathbf{v} \cdot \mathbf{\sigma} \cdot \mathbf{\sigma}$ 3715 GOLF ROAD 3715 GOLF ROAD BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 59-1608734 \$8,75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TENNYSON, R. T ROD 1801 AUSTRALIAN AVENUE, SOUTH -SUITE 101 Zip Code City FL W. PALM BCH. FL 33436 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 **Department of State** Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ³ ☐ Addition TITLE ☐ Delete TITLE NAME NAME BLOOM, JOHN STREET ADDRESS STREET ADDRESS 3728 QUAIL RIDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME MEEHAN, JOHN STREET ADDRESS STREET ADDRESS 3595 QUAIL RIDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ Change ☐ Addition TITLE -Delete ← TITLE AS - -NAME NAME BRUGLER, JOHN P. STREET ADDRESS STREET ADDRESS 3715 GOLF ROAD CITY-ST-ZIP CITY-ST-ZIP BOYNTON BCH, FL 00000 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME SULZBACH, RICHARD STREET ADDRESS STREET ADDRESS 10882 TAMARISK TRAIL CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Change Addition Delete TITLE TITLE SD NAME NAME EGGERS, THOMAS STREET ADDRESS STREET ADDRESS 4411 SANDERLING CIRCLE EAST CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Change Addition TITLE ☐ Delete TITLE. TD NAME QUINLAN, WILLIAM STREET ADDRESS STREET ADDRESS 4114 QUAIL RIDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436**

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 attackment with an address, with all other like empowered. President 4/26/02 561-737-5100 SIGNATURE