


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90003 026 ****61.25

DOCUMENT # 728514					
1. Entity Name QUAIL RUN OF SUNRISE UNIT ONE ASSOCIATION, INC.					
Principal Place of Business 7502 N.W. 30TH PLACE APT. 421 SUNRISE, FL 33313			Mailing Address 7502 N.W. 30TH PLACE APT. 421 SUNRISE, FL 33313		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEVIN, CHERYL J COURTYARD BUSINESS CENTER 4694 NW 103RD AVENUE SUNRISE, FL 33351-7970				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) 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	P	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, JONATHAN H		NAME	LEVINE, JONATHAN H	
STREET ADDRESS	7500 N.W. 30TH PL #422		STREET ADDRESS	7500 NW 30TH PL 422	
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP	SUNRISE FLA 33313	
TITLE	V	<input type="checkbox"/> Delete	TITLE	Y	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIULIANI, BARBARA		NAME	INFANTINO, MARILYN	
STREET ADDRESS	7500 NW 30TH PLACE, 301		STREET ADDRESS	7502 NW 30TH PL. 421	
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP	SUNRISE, FLA 33313	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Y	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLGRINO, DEBBIE		NAME	PELLGRINO, DEBBIE	
STREET ADDRESS	7500 N.W. 30TH PL #114		STREET ADDRESS	7500 NW 30TH PL #114	
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP	SUNRISE, FLA 33313	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DOROTHY		NAME	BRAXTON, DANE	
STREET ADDRESS	7500 N.W. 30TH PL. #315		STREET ADDRESS	7500 NW 30TH PL #421	
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP	SUNRISE, FLA 33313	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMONACO, JOYCE		NAME	INFANTINO, SAM	
STREET ADDRESS	7500 N.W. 30TH PL #315		STREET ADDRESS	7502 NW 30TH PL #421	
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP	SUNRISE, FLA 33313	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE: <i>Jonathan H. Levine</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JONATHAN H. LEVINE		Date: 3/5/07	
				Daytime Phone #: 954-742-0652	

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02222007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1593034 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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SIGNATURE: *Jonathan H. Levine* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JONATHAN H. LEVINE Date: 3/5/07 Daytime Phone #: 954-742-0652