FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 21 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **728515** **(8)**

1. Corporation Name

QUAIL RUN OF SUNRISE UNIT THREE ASSOCIATION, INC

Principal Place of Business	Mailing Address
2999-3000 SUNRISE LKS DRIVE EAST SUNRISE FL 33322	2999-3000 SUNRISE LKS DRIVE EAST SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1973
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-1768006 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

GARSOS, ELAINE M.
1499 W PALMETTO PARK RD
BOCA RATO FL 33486

10. Name and Address of New Registered Agent

81 Name: NORMAN MARCUS, Esq.
82 Street Address (P.O. Box Number Is Not Acceptable): 8181 WEST BROWARD BLVD
83: ~~Apt.~~ SUITE 300
84 City: PLANTATION FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] NORMAN MARCUS 4/11/95
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SCERBO, LOUIS	1.2 NAME	VINCENT DE LUCIA	
STREET ADDRESS	3000 SUNRISE LKS DR E	1.3 STREET ADDRESS	2999 SUNRISE LAKES DR. EAST	
CITY-ST-ZIP	SUNRISE, FL 00000	1.4 CITY-ST-ZIP	SUNRISE FL. 33322	
TITLE	~~D~~	2.1 TITLE	D	☐ Change ☒ Addition
NAME	~~KENNY, PATRICK~~	2.2 NAME	MORRIS SIVAK	
STREET ADDRESS	~~3000 SUNRISE LKS DR E~~	2.3 STREET ADDRESS	2999 SUNRISE LAKES DRIVE EAST	
CITY-ST-ZIP	~~SUNRISE FL~~	2.4 CITY-ST-ZIP	SUNRISE, FL. 33322	
TITLE	~~D~~ P	3.1 TITLE		☐ Change ☐ Addition
NAME	BUCCIERO, ALBERT	3.2 NAME		
STREET ADDRESS	3000 SUNRISE LAKES DR E	3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 00000	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE		☐ Change ☐ Addition
NAME	MONTICELLO, JAMES	4.2 NAME		
STREET ADDRESS	3000 SUNRISE LKS DR E	4.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 00000	4.4 CITY-ST-ZIP		
TITLE	~~D~~	5.1 TITLE	D ST	☐ Change ☒ Addition
NAME	~~DWERMAN, EDWARD~~	5.2 NAME	Thomas Kenny	
STREET ADDRESS	~~3000 SUNRISE LKS DR E~~	5.3 STREET ADDRESS	3000 Sunrise Lakes Dr. E.	
CITY-ST-ZIP	~~SUNRISE FL 00000~~	5.4 CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	~~D~~	6.1 TITLE	D	☐ Change ☐ Addition
NAME	~~MARCHAT, GENEVIEVE~~	6.2 NAME	Ken Murray	
STREET ADDRESS	~~2999 SUNRISE LAKES DR E~~	6.3 STREET ADDRESS	3000 Sunrise Lakes Dr E	
CITY-ST-ZIP	~~SUNRISE FL 00000~~	6.4 CITY-ST-ZIP	Sunrise, FL 33322	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SEC/TREAS THOMAS KENNY 2/26/95 (305)742-0360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #