

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90012 045 ****70.00

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1. Entity Name

QUAIL RUN OF SUNRISE UNIT THREE ASSOCIATION, INC.



Principal Place of Business

2998-3000 SUNRISE LKS DRIVE EAST
SUNRISE FL 33322

Mailing Address

3000 SUNRISE LKS DR E
SUNRISE FL 33322
US

44000400



MOORE

CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1768006

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVIN, CHERYL-J
COURTYARD BUSINESS CTR
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME GOULDING, CAROL ☒ Delete
STREET ADDRESS 3000 SUNRISE LAKE DR E #122
CITY-ST-ZIP SUNRISE FL 33322

TITLE PRES. ☒ Change ☐ Addition
NAME PHILLIP LOMELZO
STREET ADDRESS 2998 SUNRISE LAKES DRIVE E #319
CITY-ST-ZIP SUNRISE FL 33322

TITLE D
NAME DEMATTIA, JOAN ☐ Delete
STREET ADDRESS 2998 SUNRISE LAKE DR E #418
CITY-ST-ZIP SUNRISE FL 33322

TITLE DIR. ☐ Change ☐ Addition
NAME JOAN DEMATTIA
STREET ADDRESS 2998 SUNRISE LAKES DR E #418
CITY-ST-ZIP SUNRISE FL 33322

TITLE VP ☒ Delete
NAME PATRICIA GRANDISON
STREET ADDRESS 2998 SUNRISE LAKE DR #115
CITY-ST-ZIP FORT LAUDERDALE FL 33322

TITLE ☒ Change ☐ Addition
NAME MARIE MEYERS (SEC)
STREET ADDRESS 2998 SUNRISE LK DR E #416
CITY-ST-ZIP SUNRISE FL 33322

TITLE T ☒ Delete
NAME BLOSSOM, MARCHAND
STREET ADDRESS 2998 SUNRISE LAKES DR E #215
CITY-ST-ZIP SUNRISE FL 33322

TITLE T ☒ Change ☐ Addition
NAME SANDY MARCONI
STREET ADDRESS 2998 SUNRISE LK DR E #111
CITY-ST-ZIP SUNRISE FL 33322

TITLE D ☐ Delete
NAME SOMERVILLE, JOANNE
STREET ADDRESS 2998 SUNRISE LAKE DR E #119
CITY-ST-ZIP SUNRISE FL 33322

TITLE V.P. ☒ Change ☐ Addition
NAME JOANNE SOMERVILLE
STREET ADDRESS 2998 SUNRISE LAKES DRIVE E #119
CITY-ST-ZIP SUNRISE FL 33322

TITLE S ☒ Delete
NAME CURCIO, AMELIA
STREET ADDRESS 2998 SUNRISE LKS DR E
CITY-ST-ZIP SUNRISE FL 33322

TITLE D. ☒ Change ☐ Addition
NAME VINCENT TAGLIERI
STREET ADDRESS 2998 SUNRISE LK DR E #217
CITY-ST-ZIP SUNRISE FL 33322

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 attachment with an address, with all other like empowered.

SIGNATURE: *Phillip Lomelzo* PHILLIP J. LOMELZO 7/25/04 954-956-8570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #