

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 18, 2009
Secretary of State

DOCUMENT# 728515

Entity Name: QUAIL RUN OF SUNRISE UNIT THREE ASSOCIATION, INC.**Current Principal Place of Business:**2998-3000 SUNRISE LKS DRIVE EAST
SUNRISE, FL 33322**New Principal Place of Business:****Current Mailing Address:**4800 N STATE RD 7
105
FORT LAUDERDALE, FL 33319 US**New Mailing Address:****FEI Number:** 59-1768006**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PHOENIX MANAGEMENT
4800 NORTH STATE ROAD 7
#F105
LAUDERDALE LAKES, FL 33319 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PD () Delete
Name: LIPARI, JENNIE
Address: 2998 SUNRISE LAKE DRIVE EAST #421
City-St-Zip: SUNRISE, FL 33322

Title: VD () Delete
Name: BALSAMO, VINCENT
Address: 2998 SUNRISE LAKE DRIVE EAST #420
City-St-Zip: SUNRISE, FL 33322

Title: S () Delete
Name: DE MATTIA, JOAN
Address: 2998 SUNRISE LAKES DR E 418
City-St-Zip: FORT LAUDERDALE, FL 33322

Title: D () Delete
Name: JOHNSON, ARTHUR R
Address: 2998 SUNRISE LAKE DRIVE #114
City-St-Zip: SUNRISE, FL 33322

Title: TD () Delete
Name: MARCONI, SANDRA
Address: 2998 SUNRISE LK DR E #111
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: IORIO, JOHN
Address: 17326 CH ST MARIE
City-St-Zip: KIRKLAND, QC H9J2R2 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MEYERS, MARIE
Address: 2998 SUNRISE LAKES DRIVE EAST #416
City-St-Zip: SUNRISE, FL 33322

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: JOHNSON, ARTHUR R
Address: 2998 SUNRISE LAKE DRIVE #114
City-St-Zip: SUNRISE, FL 33322

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKLIN TACHER

LCAM

08/18/2009

Electronic Signature of Signing Officer or Director_____
Date