

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

0010024

DOCUMENT # 728515

1. Entity Name

QUAIL RUN OF SUNRISE UNIT THREE ASSOCIATION, INC



02-20-2003 90125 041 *****8.75

07-21-2003 90125 006 *****70.00

Principal Place of Business

**2998-3000 SUNRISE LKS DRIVE EAST
SUNRISE FL 33322**

Mailing Address

**3000 SUNRISE LKS DR E
SUNRISE FL 33322
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1768006**

Applied For

Not Applicable

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
After September 10, 2003, min will be \$236.25**

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	<input checked="" type="checkbox"/> Delete
NAME	ANGELO, CASSARINO	
STREET ADDRESS	3000 SUNRISE LAKE DR E #304	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CAROL GOULDING	
STREET ADDRESS	3000 SUNRISE LAKES DR E #122	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	PATRICIA, GRANDISON	
STREET ADDRESS	2998 SUNRISE LAKE DR #115	
CITY-ST-ZIP	FORT LAUDERDALE FL 33322	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	BLOSSOM, MARCHAND	
STREET ADDRESS	2998 SUNRISE LAKES DR E #215	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AL, ORNITZ	
STREET ADDRESS	3000 SUNRISE LAKES DR #323	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	S	<input type="checkbox"/> Delete
NAME	CURCIO, AMELIA	
STREET ADDRESS	2998 SUNRISE LKS DR E	
CITY-ST-ZIP	SUNRISE FL 33322	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL Goulding	
STREET ADDRESS	3000 Sunrise Lake Dr E #122	
CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan DeMattia	
STREET ADDRESS	2998 Sunrise Lks Dr E #418	
CITY-ST-ZIP	Sunrise FL 33322	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JoAnne Somerville	
STREET ADDRESS	2998 Sunrise Lks Dr E #119	
CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane Pausey	
STREET ADDRESS	2998 Sunrise Lks Dr E #113	
CITY-ST-ZIP	Sunrise, FL 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)