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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:27

DOCUMENT # 748642 (6)

1. Corporation Name

QUADRILLE HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8081 AMBACH WAY HYPOLUXO FL 33462	8081 AMBACH WAY HYPOLUXO FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1979
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2066990 ☐ 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

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

9. Name and Address of Current Registered Agent

~~ASSOCIATED PROPERTY MANAGEMENT~~
~~400 SOUTH DIXIE HWY, #10~~
~~LAKE WORTH FL 33460~~

10. Name and Address of New Registered Agent

81 Name: St John, King + Dicker P.A
82 Street Address (P.O. Box Number is Not Acceptable): 500 Australian Ave South
83: Suite 600
84 City: West Palm Beach FL 85 Zip Code: 33401

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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Edward Decker for St John, King + Dicker DATE: 6/5/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P Frank. Naccarato	☒ Change ☐ Addition
NAME	~~D'ANDREA, CHESTER~~ D Robert Sirotek	12 NAME		
STREET ADDRESS	~~8147 AMBACH WAY~~ 8062 Ambach Way	13 STREET ADDRESS	8067 Ambach Way	
CITY - ST - ZIP	~~HYPOLUXO FL~~ Hypoluxo Fl. 33462	14 CITY - ST - ZIP	Hypoluxo, Fla 33462	
TITLE	PD	21 TITLE	V.P Joseph Aiello	☒ Change ☐ Addition
NAME	~~GWAIN, ALBERT~~ D George Oskolen	22 NAME		
STREET ADDRESS	~~8173 AMBACH WAY~~ 8036 Ambach W	23 STREET ADDRESS	8060 Ambach Way	
CITY - ST - ZIP	~~HYPOLUXO FL~~ Hypoluxo Flz	24 CITY - ST - ZIP	Hypoluxo, Fla 33462	
TITLE	VD	31 TITLE	Sec. Viola Sue Murvey	☒ Change ☐ Addition
NAME	~~MORNINGSTAR, MICHEAL~~ P Richard Litteral	32 NAME		
STREET ADDRESS	~~8092 AMBACH WAY~~ 8192 Ambach Way	33 STREET ADDRESS	8185 Ambach Way	
CITY - ST - ZIP	~~HYPOLUXO FL~~ Hypoluxo, Flz	34 CITY - ST - ZIP	Hypoluxo, Flz 33462	
TITLE	D	41 TITLE	Treas. Diene Mckenzie	☐ Change ☐ Addition
NAME	FROST, HARVEY	42 NAME		
STREET ADDRESS	8156 AMBACH WAY	43 STREET ADDRESS	8174 Ambach Way	
CITY - ST - ZIP	HYPOLUXO FL	44 CITY - ST - ZIP	Hypoluxo, Fla 33462	
TITLE	TD	51 TITLE	D Philip Bazil	☐ Change ☐ Addition
NAME	~~SMALWOOD, VICKI~~	52 NAME		
STREET ADDRESS	8201 AMBACH WAY	53 STREET ADDRESS	8157 Ambach Way	
CITY - ST - ZIP	~~HYPOLUXO FL~~	54 CITY - ST - ZIP	Hypoluxo Flz 33462	
TITLE	D	61 TITLE	D Eileen Guptill	☐ Change ☐ Addition
NAME	BAZIL, PHILLIP	62 NAME		
STREET ADDRESS	8157 AMBACH WAY	63 STREET ADDRESS	8114 Ambach Way	
CITY - ST - ZIP	HYPOLUXO FL	64 CITY - ST - ZIP	Hypoluxo Flz	

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)(k), 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: Eileen L. Guptill Eileen L. Guptill 6/14/95 585-0874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D060081