2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# 748642

Entity Name: QUADRILLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8081 AMBACH WAY
HYPOLUXO, FL 33462

New Principal Place of Business:

Current Mailing Address:

C/O BANYAN PROPERTY MANAGEMENT INC
2328 S CONGRESS AVE SUITE 1C
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 59-2066990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BANYAN PROPERTY MANAGEMENT INC
2328 S CONGRESS AVE
SUITE 1C
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

JAY STEVEN LEVINE, PA
2500 N MILITARY TRAIL
SUITE 490
BOCA RATON, FL 33431 US

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: JAY LEVINE 03/17/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KOL, NOAM
Address: 8176 AMBACH WAY
City-St-Zip: HYPOLUXO, FL 33462

Title: TD ( ) Delete
Name: SMALLWOOD, VICKIE
Address: 8201 AMBACH WAY
City-St-Zip: HYPOLUXO, FL 33462

Title: SD ( ) Delete
Name: WALSH, MARY-ANN
Address: 8003 AMBACH WAY
City-St-Zip: HYPOLUXO, FL 33462

Title: VD ( ) Delete
Name: JACOBSEN, TED
Address: 8125 AMBACH WAY
City-St-Zip: HYPOLUXO, FL 33462

Title: D ( ) Delete
Name: BRENT, MAUREEN
Address: 8027 AMBACH WAY
City-St-Zip: HYPOLUXO, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: JACOBSON, TED
Address: 8125 AMBACH WAY
City-St-Zip: HYPOLUXO, FL 33462

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

Title: D (X) Change ( ) Addition
Name: KOCJANCIC, KEITH
Address: 8062 AMBACHWAY
City-St-Zip: HYPOLUXO, FL 33462

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NOAM KOL PD 03/17/2006
Electronic Signature of Signing Officer or Director — Date