2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Oct 10, 2007 **DOCUMENT# 748642** Secretary of State

Entity Name: QUADRILLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8081 AMBACH WAY HYPOLUXO, FL 33462

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROUGH, DAVID BACKER LAW FIRM, PA 1900 N CÓMMERCE PARKWAY

400 SOUTH DIXIE HÍGHWAY, SUITE 420 WESTON, FL 33326 BOCA RATON, FL 33432

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: KFB 10/10/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition KOL, NOAM Name: Name:

8176 AMBACH WAY Address: Address: City-St-Zip: HYPOLUXO, FL 33462 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

Name: JACOBSON, TED Name: Address: 8125 AMBACH WAY Address: City-St-Zip: HYPOLUXO, FL 33462 City-St-Zip:

Title: () Delete Title: () Change () Addition

BRENT, MAUREEN Name: Name: 8027 AMBACH WAY Address: Address: City-St-Zip: HYPOLUXO, FL 33462 City-St-Zip:

() Delete Title: Title: () Change () Addition

KOCJANCIC, KEITH Name: Name: Address: 8062 AMBACHWAY Address: City-St-Zip: HYPOLUXO, FL 33462 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: KFB RΑ 10/10/2007