

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90014 005 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |                                                                                     |                                                                                                                                                                         |                                                                                   |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 748642</b><br>1. Entity Name<br><b>QUADRILLE HOMEOWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |                                                                                     |                                                                                                                                                                         |  |                                                                              |
| Principal Place of Business<br><b>8081 AMBACH WAY<br/>HYPOLUXO, FL 33462</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                               |                                                                                     | Mailing Address<br><b>C/O BANYAN PROPERTY MANAGEMENT INC<br/>2328 S CONGRESS AVE SUITE 1C<br/>WEST PALM BEACH, FL 33406</b>                                             |                                                                                   |                                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               | 3. Mailing Address                                                                  |                                                                                                                                                                         |                                                                                   |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                         |                                                                                   |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                               | City & State                                                                        |                                                                                                                                                                         |                                                                                   |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                       | Zip                                                                                 | Country                                                                                                                                                                 | 4. FEI Number<br><b>59-2066990</b>                                                |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                               |                                                                                     |                                                                                                                                                                         | <b>\$8.75</b> Additional Fee Required                                             |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>BACKER LAW FIRM, PA<br/>400 SOUTH DIXIE HIGHWAY, SUITE 420<br/>BOCA RATON, FL 33432</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               |                                                                                     |                                                                                                                                                                         |                                                                                   |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                         | <b>\$5.00</b> May Be Added to Fees                                                |                                                                              |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |                                                                                     |                                                                                                                                                                         |                                                                                   |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                            |                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>KOL, NOAM<br>8176 AMBACH WAY<br>HYPOLUXO, FL 33462      | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | S/T Mary-Ann Walsh<br>8003 Ambach Way<br>Lantana FL 33462                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VD<br>JACOBSON, TED<br>8125 AMBACH WAY<br>HYPOLUXO, FL 33462  | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>BRENT, MAUREEN<br>8027 AMBACH WAY<br>HYPOLUXO, FL 33462 | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>KOCJANCIC, KEITH<br>8062 AMBACHWAY<br>HYPOLUXO, FL 33462 | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                               | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                               | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |                                                               |                                                                                     |                                                                                                                                                                         |                                                                                   |                                                                              |
| <b>SIGNATURE:</b> _____ <b>3-2-08</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |                                                                                     |                                                                                                                                                                         |                                                                                   |                                                                              |