FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED Mar 14 1997 8:00am Secretary of State

DOCU	MENT # 755267	7 (2)		-			
QUINARY CLUB CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business Mailing Address						;;	(BI) DIVIN (DV)
525 CORAL WAY CORAL GABLES FL 33134 525 CORAL WAY CORAL GABLES FL 33134-4925							
					3. Date Incorporated or Qualified 11/19/1980	3a. Date of Last F 03/12/19	Report
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	1	pplied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc					59-2168766		ot Applicable
22					5. Certificate of Status Desired		Additional equired
City & State	City & State City & State				6. Flection Campaign Financing	\$5.00	May Be
Zip				tes/	Trust Fund Contribution		to Fees
24	25 29 30		Coun	пу	This corporation has liability for in Florida Statutes	itangible tax under s Yes 🔣 No	s. 199.032,
	9. Name and Address of Curren		1001		10. Name and Address of New Reg		
81				Name			
			Street /	Address (P.O. Box Number is Not Acceptable)			
525 CORAL WAY, #203 CORAL GABLES FL 33134				3			
OTIVE OF SECTION]_	I4 City		85 Zip	Code
				,		FL	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered age:		TE: Registered /	Agent signature	required when reinstaling)	DATE	
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR Change	RS IN 12 G
TITLE NAME	D FOX, KENNETH	1.21					
STREET ADDRESS	7020 SW 82ND AVENUE			ET ADDRESS			3
CITY-ST-ZIP	MIAMI FL		4	-ST-ZIP			P2E037
TITLE	SD	X DELETÉ	2.1 TO L		D	Change	Addition C
NAME	LAY, ADRIANA		2.2 NAM	IE }	Pivetta, Luisa		}
STREET ADDRESS	COMM. CARLED EL			EET ADDRESS	525 Coral Way, #304		
CITY-ST-ZIP TITLE	CORAL GABLES FL PD	DELETE	2. 4 CH1 3.1 THTU	(- <u>ST</u> -ZIP	Coral Gables FL	Change	Addition
NAME	COLLINGWOOD, BARBARA	otter	3.1 HILL 3.2 NAM	ì		CT Overige	Addition }
STREET ADDRESS	525 CORAL WAY #203			ET ADDRESS			-
CITY ST-ZIP	CORAL GABLES FL	ACRE CERTS FOR		/-ST-ZiP)
TITLE	TD	DELETE 4.				Change	Addition
NAME	SILVERMAN, ALAN		4. 2 NAM	AE }			ן
STREET ADDRESS	525 CORAL WAY #402		4 3 STRE	ET ADDRESS			,
CITY-ST-ZIP	CORAL GABLES FL			-ST-ZIP		E /1 or	
TITLE	D CLAZIED CALLY	☐ DELETE	5.1 TITE		SD Glazier, Sally	Change	Addition
NAME Street Address	GLAZIER, SALLY 525 CORAL WAY #202		5.2 NAM	ET ADDRESS	525 Coral Way, #202		{
CITY-ST-ZIP	CORAL GABLES FL			-ST-ZIP	Coral Gables FL		}
TITLE			6.1 TITLE			Change	Addition
NAME			6.2 NAM	ì		- •	Ì
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
14. do herek	by certify that the information supplied	with this filing does not qual	fy for the e	kemption st	ated in Section 119.07(3)(i), 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.