

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755267

FILED
Apr 26, 2004
Secretary of State**Entity Name:** QUINARY CLUB CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**525 CORAL WAY
CORAL GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**525 CORAL WAY
CORAL GABLES, FL 33134**New Mailing Address:****FEI Number:** 59-2168766**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LOSADA, CARLOS
525 CORAL WAY, #303
CORAL GABLES, FL 33134**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: LOSADA, CARLOS
Address: 252 CORAL WAY #303
City-St-Zip: CORAL GABLES, FL 33134**Title:** VD () Delete
Name: CALMET, ELENA
Address: 525 CORAL WAY #405
City-St-Zip: CORAL GABLES, FL 33134**Title:** D () Delete
Name: MORRITT, MARY
Address: 525 CORAL WAY #404
City-St-Zip: CORAL GABLES, FL 33134**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: TIO, MARIA A
Address: 525 CORAL WAY #301
City-St-Zip: CORAL GABLES, FL 33134**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 Section 119.07(3)(i), 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: CARLOS LOSADA

PRES

04/26/2004

Electronic Signature of Signing Officer or Director_____
Date