2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008
Secretary of State

DOCUMENT# 755267

Entity Name: QUINARY CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

525 CORAL WAY
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

525 CORAL WAY
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-2168766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TRUTIE, SUZANNE
525 CORAL WAY #201
CORAL GABLES, FL 33134 US

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:	TRUTIE, SUZY	
Address:	525 CORAL WAY #201	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	D	( ) Delete
Name:	TIO, MARIA A	
Address:	525 CORAL WAY #301	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	TD	( ) Delete
Name:	CALDAS, GRACE	
Address:	525 CORAL WAY 203	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	SD	( ) Delete
Name:	MCQUEEN, THERESA	
Address:	525 CORAL WAY 404	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	D	( ) Delete
Name:	MENESES, PABLO	
Address:	525 CORAL WAY	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	ASAT	(X) Delete
Name:	HAYS, MARGARITA R	
Address:	11900 SW 73 AVENUE	
City-St-Zip:	PINECREST, FL 33156 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: GRACE CALDAS TD 07/21/2008

Electronic Signature of Signing Officer or Director — Date