

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2003 8:00 am**  
**Secretary of State**

08-28-2003 90065 002 \*\*\*\*61.25

**DOCUMENT # 755267**

1. Entity Name

**QUINARY CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**525 CORAL WAY  
CORAL GABLES FL 33134**

Mailing Address

**525 CORAL WAY  
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2168766**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LOSADA, CARLOS  
525 CORAL WAY, #303  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **PD** ☐ Delete  
NAME: **LOSADA, CARLOS**  
STREET ADDRESS: **252 CORAL WAY #303**  
CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: **VD** ☐ Delete  
NAME: **CALMET, ELENA**  
STREET ADDRESS: **525 CORAL WAY #405**  
CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: **TD** ☒ Delete  
NAME: **MACHIN, ROGER**  
STREET ADDRESS: **525 CORAL WAY 401**  
CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: **SD** ☒ Delete  
NAME: **MORALES, ANGEL**  
STREET ADDRESS: **1261 ORTEGA AVE**  
CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: **D** ☐ Delete  
NAME: **MORRITT, MARY**  
STREET ADDRESS: **525 CORAL WAY #404**  
CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE:

*Carlos Losada*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/25/03 305-446-630**  
Date Daytime Phone #

CR2E037 (4/03)