## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 29, 2008 8:00 am Secretary of State

02-29-2008 90017 027 \*\*\*\*70.00

561-734-8202

Daylime Phone #

40.035548

Entity Name	10 K
EST QUANTUM PLAZA OWNERS ASSOCIATION, INC.	3



Principal Place of Business 2433 QUANTUM BLVD BOYNTON BEACH, FL 33426

SIGNATURE:

DOCUMENT # N04000000431

Mailing Address 2433 QUANTUM BLVD BOYNTON BEACH, FL 33426

DOTATION DI	LHUII, IL J.	3420	БОТ	NION DENGIS, IE	33420				<b>                 </b>		 	111 El IST
Principal Place of Business - No P.O. Box #     3. Mailing Address												
Suite, Apt. #, etc. Suite, Apt. #, etc.					02222008 Chg-NP CR2E037 (12/06)							
City & State City & State						4. FEI Number 20-0623533				No	plied For t Applicable	
Zip ~	Zip Country Zip				Cou	intry		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Register	ed Agent				7. Name and Ad	idress of Nev	v Registe	red Agent	
MEYER, ERIC 2433 QUANTUM BLVD BOYNTON BEACH, FL 33426					Name  Street Address (P.O. Box Number is Not Acceptable)							
					,	City					FL Zip Code	9
8. The above the obligat	named entiti fions of regist	y submits this statement fo ered agent.	r the purp	oose of changing its	registere	ed office o	r registe	red agent, or both,	in the State of	Florida. I	am familiar with,	and accept
	Signature, typed	or printed name of registered agent	and litte if ap	plicable. (NOTE	: Registere	d Agent signa	ture required	d when reinstating)		DA	ATE	
					on Campaign Financing Fund Contribution.			\$5.00 May Be Added to Fees	Make check payable to Fees Florida Department of State			
10.		OFFICERS AND DIF	RECTORS	·	11.			ADDITIONS/CHAN	GES TO OFFI	CERS ANI	D DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ERIC ANTUM BLVD N BEACH, FL 33426		☐ Delete			P				🔀 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		H, CHAD ANTUM BLVD N BEACH, FL 33426		☐ Delete							☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	D YEH, KAF 9174 CHI/ BOYNTOI			Delete .							Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Deleţe			D FRI 244 Boy	ANK DON 15 QUANT INTON BE	NINO UM B EACH	IVD FL 3	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS			•	☐ Delete	TITLE NAM STRE						☐ Change	☐ 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR