


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11459** (7)

1. Corporation Name

QUASAR TWIN HOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
THE TIMBERLAKE GROUP, INC.
5050 NW 74TH AVENUE
MIAMI FL 33166-4062

Mailing Address
THE TIMBERLAKE GROUP, INC.
5050 NW 74TH AVENUE
MIAMI FL 33166-5516



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/07/1985		3a. Date of Last Report 03/11/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2658310		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~GOMEZ, CARIDAD~~
~~5050 NW 74TH AVENUE~~
~~MIAMI FL 33166~~

10. Name and Address of New Registered Agent

81 Name	ROBERT A. DUGGER		
82 Street Address (P.O. Box Number is Not Acceptable)	5050 N.W. 74th. Avenue,		
83			
84 City	MIAMI	85 Zip Code	FL 33166

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 **ROBERT A. DUGGER** 3-24-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, CARIDAD	1.2 NAME	JOSE A. GUTIERREZ
STREET ADDRESS	5241 WEST 24TH COURT	1.3 STREET ADDRESS	5372 W 24 CT 33016
CITY-ST-ZIP	HALEAH FL 33016	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEJERA, DULCE M-	2.2 NAME	GRANVILLE MARCH
STREET ADDRESS	5300 WEST 24TH COURT-	2.3 STREET ADDRESS	5324 W 24 CT 33016
CITY-ST-ZIP	HALEAH FL 33016-	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTE, IGNACIO R	3.2 NAME	NICK SETRINI
STREET ADDRESS	5265 WEST 24TH COURT--	3.3 STREET ADDRESS	5257 N.W. 24th. Court,
CITY-ST-ZIP	HALEAH FL 33016	3.4 CITY-ST-ZIP	Hialeah, Florida 33016.
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, RAFAEL---	4.2 NAME	TREASURY/D
STREET ADDRESS	5341 WEST 24TH COURT	4.3 STREET ADDRESS	OCTAVIO AMBROGI
CITY-ST-ZIP	HALEAH FL-	4.4 CITY-ST-ZIP	5357 W 24 CT
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-11-97 (503) 593-1141 Daytime Phone # 0032108

CR2E037 (9/96)