

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11459** (7)
1. Corporation Name
QUASAR TWIN HOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business THE TIMBERLAKE GROUP, INC 8050 NW 74TH AVE MIAMI FL 33166-4062 US		Mailing Address THE TIMBERLAKE GROUP, INC 5050 NW 74TH AVE MIAMI FL 33166-5516 US		3. Date Incorporated or Qualified 10/07/1985	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2658310 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent DUGGER, ROBERT A 5050 NW 74TH AVE MIAMI FL 33166				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City FL 85 Zip Code			

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 *[Signature]* **R. A. DUGGER** **2-16-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GUTIERREZ, JOSE A		1.2 NAME				
STREET ADDRESS	5372 W 24 CT		1.3 STREET ADDRESS				
CITY-ST-ZIP	HALEAH FL		1.4 CITY-ST-ZIP				
TITLE	DVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GRANVILLE, MARCH		2.2 NAME				
STREET ADDRESS	5234 W 24 CT		2.3 STREET ADDRESS				
CITY-ST-ZIP	HALEAH FL		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SETRINI, NICK		3.2 NAME				
STREET ADDRESS	5257 NW 24TH COURT		3.3 STREET ADDRESS				
CITY-ST-ZIP	HALEAH FL		3.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	AMBROGI, OCTAVIO		4.2 NAME				
STREET ADDRESS	5357 W 24 CT		4.3 STREET ADDRESS				
CITY-ST-ZIP	HALEAH FL		4.4 CITY-ST-ZIP				
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 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]* **3-11-98** **593-1141**

CP2E037 (10/97)