


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90002 010 ****61.25

DOCUMENT # N11459

1. Entity Name
QUASAR TWIN HOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
5340 W 24 COURT
HIALEAH, FL 33016 US

Mailing Address
1920 E. HALLANDALE BEACH BLVD.
SUITE 806
HALLANDALE, FL 33009

54070341



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02102004 Chg-NP CR2E037 (10/03)

City & State

City & State

Zip Country Zip Country

4. FEI Number
59-2658310

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLAZER & ASSOCIATES, P.A.
1920 E. HALLANDALE BEACH BOULEVARD
SUITE 806
HALLANDALE, FL 33009

7 Name and Address of New Registered Agent

Name _____
 Street _____
 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 _____

Filing Fee is \$61.25
Due by May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BALDELOMAR, JULIO 5340 W. 24 COURT HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMBROGI, OCTAVIO 5357 WEST 24TH COURT HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARGES, MARIA 5333 W 24 CT HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fernandez Humberto 5201 W. 24 COURT Hialeah, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Perez, Pedro L. 5372 W 24 COURT Hialeah, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Reja, FRANCISCO 5300 W 24 Ct. Hialeah, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Margaritoff, Carmen 5341 W. 24 Ct Hialeah, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ruiz, Eva 5364 W 24 Ct Hialeah, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gonzalez, Jose 5205 W 24 Ct Hialeah FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Octavio Ambrogi Date 6/14/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #