

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90274 026 ****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

2. Principal Place of Business
7953 NW 53 ST
Suite, Apt. #, etc.

3. Mailing Address
7953 NW 53 ST
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33166

Country
US

Zip
33166

Country
US

04112005 Chg-NP CR2E037 (10/03)

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 Robert A. Duggan Sr.

Street Address (P.O. Box Number is Not Acceptable)
7953 NW 53 ST

City Miami FL Zip Code 33166

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 DATE 4/22/05

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, HUMBERTO			NAME			
STREET ADDRESS	5201 W 24 COURT			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33016			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMBROGI, OCTAVIO			NAME			
STREET ADDRESS	5357 WEST 24TH COURT			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33016			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PUREZ, PEDRO L			NAME			
STREET ADDRESS	5372 W 24 COURT			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33016			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VEGA, FRANCISCO			NAME			
STREET ADDRESS	5300 W 24 CT			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33016			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTGATOFF, CARMEN			NAME			
STREET ADDRESS	5341 N 24 CT			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33016			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUIZ, EVA			NAME			
STREET ADDRESS	5364 W 24 CT			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33016			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: TREASURER DATE 4/22/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR