

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N11459 1. Entity Name QUASAR TWIN HOMES CONDOMINIUM ASSOCIATION, INC.						FILED 07 SEP 12 AM 8:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5201 W 24 CT HIALEAH, FL 33016 US				Mailing Address POB 024000 HOMESTEAD, FL 33092 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5201 W 24 CT.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State Hialeah, FL.					
Zip		Zip 33016					
4. FEI Number 59-2658310				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FERNANDEZ, HUMBERTO 5201 W 24TH CT HIALEAH, FL 33016				7. Name and Address of New Registered Agent			
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.				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
FL				Zip Code			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, HUMBERTO 5201 W 24 COURT HIALEAH, FL 33016			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMBROGI, OCTAVIO 5357 WEST 24TH COURT HIALEAH, FL 33016			<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEREZ, PEDRO L 5372 W 24 COURT HIALEAH, FL 33016			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JOSE M 5225 W 24TH CT HIALEAH, FL 33016			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTGATOFF, CARMEN 5341 N 24 CT HIALEAH, FL 33016			<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUIZ, EVA 5364 W 24 CT HIALEAH, FL 33016			<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.O ELTON Umpierre 5249 W 24 CT. HIALEAH, FL 33016			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUAN C. RUIZ 5309 W 24 CT. HIALEAH, FL 33016			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. LISA ESPINOSA 5373 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 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 address, with all other like empowered.							
SIGNATURE:							
Humberto Fernandez, President 9/7/12							