

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723153

**Entity Name:** QUADOMAIN CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:**

2201 S OCEAN DRIVE  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

2201 S OCEAN DRIVE  
PROPERTY MANAGEMENT OFFICE  
HOLLYWOOD, FL 33019

**FEI Number: 59-1486802**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SAJDERA/MORRIS, P.L.  
700 SOUTH FEDERAL HIGHWAY #200  
BOCA RATON, FL 33432 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LONG, JOE D  
Address        2201 S OCEAN DRIVE  
                  PROPERTY MANAGEMENT OFFICE  
City-State-Zip: HOLLYWOOD FL 33019

Title            VP  
Name            LOPEZ, ANTONIO  
Address        2201 S OCEAN DRIVE  
                  PROPERTY MANAGEMENT OFFICE  
City-State-Zip: HOLLYWOOD FL 33019

Title            TREASURER  
Name            STERN, MICHAEL  
Address        2201 S OCEAN DRIVE  
                  PROPERTY MANAGEMENT OFFICE  
City-State-Zip: HOLLYWOOD FL 33019

Title            DIRECTOR  
Name            BURNS, LINDA  
Address        2201 S OCEAN DRIVE  
                  PROPERTY MANAGEMENT OFFICE  
City-State-Zip: HOLLYWOOD FL 33019

Title            DIRECTOR  
Name            KHANANOV, ALFRED  
Address        2201 S OCEAN DRIVE  
                  PROPERTY MANAGEMENT OFFICE  
City-State-Zip: HOLLYWOOD FL 33019

Title            SECRETARY  
Name            PACHECO, MAGGIE L  
Address        2201 S OCEAN DRIVE  
                  PROPERTY MANAGEMENT OFFICE  
City-State-Zip: HOLLYWOOD FL 33019

Title            DIRECTOR  
Name            CLASKY, RON  
Address        2201 S OCEAN DRIVE  
                  PROPERTY MANAGEMENT OFFICE  
City-State-Zip: HOLLYWOOD FL 33019

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOE D. LONG**

**PRESIDENT**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date