

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728515

Entity Name: QUAIL RUN OF SUNRISE UNIT THREE ASSOCIATION, INC.**Current Principal Place of Business:**8201 PETERS ROAD
SUITE 1000
PLANTATION, FL 33324**Current Mailing Address:**8201 PETERS ROAD
SUITE 1000
PLANTATION, FL 33324 US**FEI Number:** 59-1768006**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PUMA, JOHN
3000 SUNRISE LAKES DR. E. UNIT 405
SUNRISE, FL 33322 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:** JOHN PUMA

03/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	PUMA, JOHN
Address	3000 SUNRISE LAKES DR. E. UNIT 405

City-State-Zip: SUNRISE FL 33322

Title	TREASURER
Name	BETANCOURT, JOSE
Address	3000 SUNRISE LAKES DR. E. UNIT 424

City-State-Zip: SUNRISE FL 33322

Title	DIRECTOR
Name	CASTELLANOS, MERCEDES
Address	3000 SUNRISE LAKES DR. E. UNIT 107

City-State-Zip: SUNRISE FL 33322

Title	VP
Name	TERRANCE, MYERS
Address	3000 SUNRISE LAKES DR. E. UNIT 408

City-State-Zip: SUNRISE FL 33322

Title	SECRETARY
Name	LAMARCHE, FRANCINE
Address	2998 SUNRISE LAKES DR. E. UNIT 322

City-State-Zip: SUNRISE FL 33322

Title	DIRECTOR
Name	DUNN, ELLEN
Address	2998 SUNRISE LAKES DR. E. UNIT 110

City-State-Zip: SUNRISE FL 33322

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: JOHN PUMA

PRESIDENT

03/11/2019

Electronic Signature of Signing Officer/Director Detail

Date