

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748642

Entity Name: QUADRILLE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8081 AMBACH WAY
HYPOLUXO, FL 33462**Current Mailing Address:**C/O GRS MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463 US**FEI Number:** 59-2066990**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WYANT- CORTEZ & CORTEZ PA
840 US HIGHWAY ONE
SUITE 345
NORTH PALM BEACH , FL 33408 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:** LARRY CORTEZ

04/22/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MCKAY, DEBBIE
Address C/O GRS MANAGEMENT ASSOCIATES
INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title D
Name LARSEN , CORINA
Address C/O GRS MANAGEMENT ASSOCIATES
INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIR
Name ALLEN , JOSCLYN
Address C/O GRS MANAGEMENT ASSOCIATES
INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title VP
Name CORDLE, JOHN
Address C/O GRS MANAGEMENT ASSOCIATES
INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title T
Name MILLS , KAREN
Address C/O GRS MANAGEMENT ASSOCIATES
INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

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: DEBBIE MCKAY

PRESIDENT

04/22/2016

Electronic Signature of Signing Officer/Director Detail

Date