

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11459

**Entity Name:** QUASAR TWIN HOMES CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 06, 2016**  
**Secretary of State**  
**CC3047197839**

**Current Principal Place of Business:**

5201 W 24 CT  
HIALEAH, FL 33016

**Current Mailing Address:**

1450 NW 87 AVENUE  
SUITE 204  
DORAL, FL 33172 US

**FEI Number: 59-2658310**

**Certificate of Status Desired: No**

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

EISINGER, DENNIS  
4000 HOLLYWOOD BOULEVARD  
265 SOUTH  
HOLLYWOOD, FL 33021 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: DENNIS EISINGER**

**04/06/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name FERNANDEZ, HUMBERTO  
Address 5201 W 24 COURT  
City-State-Zip: HIALEAH FL 33016

Title TD  
Name UMPIERRE, ELTON  
Address 5249 W 24 CT  
City-State-Zip: HIALEAH FL 33016

Title VPD  
Name CUESTA, FELIX  
Address 5317 W 24 COURT  
City-State-Zip: HIALEAH FL 33016

Title D  
Name GONZALEZ, JOSE M  
Address 5225 W 24TH CT  
City-State-Zip: HIALEAH FL 33016

Title D  
Name MACHADO, JESUS  
Address 5209 W 24 CT  
City-State-Zip: HIALEAH FL 33016

Title SD  
Name CASTILLO, TRISHIA  
Address 5200 W 24 CT  
City-State-Zip: HIALEAH FL 33016

*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: HUMBERTO FERNANDEZ**

**PRESIDENT**

**04/06/2016**

Electronic Signature of Signing Officer/Director Detail

Date