

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90020 036 ****61.25

DOCUMENT # 718187

1. Entity Name

QUINSANA GARDENS CONDOMINIUM, INC.



Principal Place of Business

5181 W. OAKLAND PARK BLVD
C/O ROBERT CHALEFF
FT. LAUDERDALE FL 33313
US

Mailing Address

5181 W. OAKLAND PARK BLVD
C/O ROBERT CHALEFF
FT. LAUDERDALE FL 33313
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1372616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHALEFF #205, ROBERT
5181 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent or officer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LIGMAN, ANN	
STREET ADDRESS	5181 W OAKLAND PARK RD	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DORMAN, JOAN	
STREET ADDRESS	5181 WEST OAKLAND PARK BLVD	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE	BOD	<input checked="" type="checkbox"/> Delete
NAME	AUCET, MICHEL	
STREET ADDRESS	5181 W OAKLAND PK BLVD	
CITY-ST-ZIP	LAUD LAKES FL 33313	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LIBBEY, GAIL	
STREET ADDRESS	5181 WEST OAKLAND PARK BLVD	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDMAN, HELEN	
STREET ADDRESS	5181 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHALEFF, ROBERT	
STREET ADDRESS	5181 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ely Bonhadene	
STREET ADDRESS	5181 W. Oakland Park Blvd.	
CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33313	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roseann mordi	
STREET ADDRESS	5181 W. Oakland Park Blvd	
CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33313	
TITLE	BOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gilles Buliot	
STREET ADDRESS	5181 W. Oakland Park Blvd	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Libbey, Gail	
STREET ADDRESS	5181 W. Oakland Park Blvd	
CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

Date

954484 3990

Daytime Phone #