
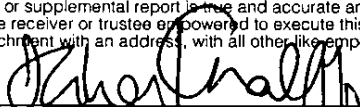


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90096 036 \*\*\*\*61.25

<b>DOCUMENT # 718187</b> 1. Entity Name <b>QUINSANA GARDENS CONDOMINIUM, INC.</b>					
Principal Place of Business <b>5181 W. OAKLAND PARK BLVD C/O ROBERT CHALEFF FT. LAUDERDALE, FL 33313 US</b>			Mailing Address <b>5181 W. OAKLAND PARK BLVD C/O ROBERT CHALEFF FT. LAUDERDALE, FL 33313 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1372616</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHALEFF #205, ROBERT 5181 W OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33313</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> BOUHADENE, ELY 5181 W OAKLAND PARK RD LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> MORDI, ROSEANN 5181 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD</b> <del>POULIOT, GILLES</del> <del>5181 W OAKLAND PK BLVD</del> <del>LAUD LAKES, FL 33313</del>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> LIBBEY, GAEL 5181 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del>GOLDMAN, HELEN</del> <del>5181 W OAKLAND PARK BLVD.</del> <del>LAUDERDALE LAKES, FL 33313</del>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> CHALEFF, ROBERT 5181 W. OAKLAND PARK BLVD. LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S. Mendoza</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>David Walton</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <b>3/11/07</b> Daytime Phone #: <b>9544843990</b>					