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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726030

1. Corporation Name

QUINCE GARDENS CONDOMINIUM INC

Principal Place of Business

C/O HAWAIIAN GARDENS PHASE 7
4705 N.W. 35TH STREET
LAUDERDALE LAKES FL 33319

Mailing Address

C/O HAWAIIAN GARDENS PHASE 7
4705 N.W. 35TH STREET
LAUDERDALE LAKES FL 33319



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

04/07/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1508153

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAWAIIAN GARDENS PHASE 7 ASSOCIATION
4705 N.W. 35TH STREET
LAUDERDALE LAKES FL 33319**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **CANNER, NORMAN**
STREET ADDRESS **3500 N W 48TH AVENUE**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **LEBLANG, JOSEPH**
STREET ADDRESS **3500 N W 48TH AVENUE**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **V** ☒ DELETE
NAME **HAMEL, MAURICE**
STREET ADDRESS **3500 N W 48TH AVE**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

3.1 TITLE **Vice Director** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **FAECHER, ELSIE**
STREET ADDRESS **3500 NW 48TH AVE**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **FELTON, HARRY**
STREET ADDRESS **3500 N W 48TH AVENUE**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99
Date

954-484-3522
Daytime Phone #

CR0507-11/99