

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
 05-18-2001 91761 001 ***306.25

DOCUMENT # 726030

1. Entity Name

QUINCE GARDENS CONDOMINIUM INC

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1508153

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME CASARINO, CARMINE ☐ Delete
 STREET ADDRESS 3500 N W 48TH AVENUE
 CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE T
 NAME William Tindle ☒ Change ☐ Addition
 STREET ADDRESS same address
 CITY-ST-ZIP

TITLE VD
 NAME DUGNAC, EMANUEL ☐ Delete
 STREET ADDRESS 3500 N W 48TH AVE
 CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD
 NAME SLAKTER, MICHAEL ☒ Delete
 STREET ADDRESS 3500 N W 48TH AVENUE
 CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE VD
 NAME Phyllis Sessa ☒ Change ☐ Addition
 STREET ADDRESS same address
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

William Tindle
 SIGNATURE REQUIRED
 William Tindle 5-14-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)