

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90517 001 ***306.25

DOCUMENT # 726030

1. Entity 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

66414333



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1508153

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Quince

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME *VD MAURICE HAMEL*
STREET ADDRESS *3500 NW 48TH AVE*
CITY-ST-ZIP *LAUDERDALE LAKES FL 33319*

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

TITLE ☒ Change ☐ Addition
NAME *PRESIDENT*
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME SESSA, PHYLLIS
STREET ADDRESS 3500 NW 48TH AVE
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE ☐ Change ☐ Addition
NAME *VD ROBERT GAUTHIER*
STREET ADDRESS *3500 NW 48TH AVE*
CITY-ST-ZIP *LAUDERDALE LAKES FL 33319*

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

TITLE ☐ Change ☐ Addition
NAME *S- ROSE MATTALIANO*
STREET ADDRESS *3500 NW 48TH AVE*
CITY-ST-ZIP *LAUDERDALE LAKES FL 33319*

TITLE PD ☒ Delete
NAME NASTRI, VINCENT
STREET ADDRESS 3500 NW 48TH AVE
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE ☐ Change ☒ Addition
NAME *T CLARA GOMEZ*
STREET ADDRESS *3500 NW 48TH AVE*
CITY-ST-ZIP *LAUDERDALE LAKES FL 33319*

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #