

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90301 001 ***306.25

66007517



02132008 Chg-NP CR2E037 (12/06)

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		
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 59-1508153	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$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. 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	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NASTRI, MARY		NAME		
STREET ADDRESS	3500 NW 18 AVE		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESSA, PHYLLIS		NAME	GOMEZ, CLARA	
STREET ADDRESS	3500 N W 48TH AVENUE		STREET ADDRESS	3500 NW 48 AVENUE	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319		CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVASSEUR, LOUISE		NAME		
STREET ADDRESS	3500 NW 48 AVE		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAUDE, MONIQUE		NAME		
STREET ADDRESS	3500 N W 48TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOUCHARD, LIETTE		NAME		
STREET ADDRESS	3500 NW 48TH AVE		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <u>MARY NASTRI-President Mary NASTRI</u>			Date: <u>APRIL 16, 2008</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <u>954-484-3522</u>		