

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728514

FILED
Feb 04, 2009
Secretary of State

Entity Name: QUAIL RUN OF SUNRISE UNIT ONE ASSOCIATION, INC.

Current Principal Place of Business:

7502 N.W. 30TH PLACE
APT. 414
SUNRISE, FL 33313

New Principal Place of Business:

7502 N.W. 30TH PLACE
APT. 422
SUNRISE, FL 33313

Current Mailing Address:

7502 N.W. 30TH PLACE
APT. 414
SUNRISE, FL 33313

New Mailing Address:

7502 N.W. 30TH PLACE
APT. 422
SUNRISE, FL 33313

FEI Number: 59-1593034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVIN, CHERYL J
COURTYARD BUSINESS CENTER
4694 NW 103RD AVENUE
SUNRISE, FL 333517970 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEVINE, JONATHAN H
Address: 7500 N.W. 30TH PL #422
City-St-Zip: SUNRISE, FL 33313

Title: T () Delete
Name: INFANTINO, MARILYN
Address: 7502 NW 30TH PLACE, 421
City-St-Zip: SUNRISE, FL 33313

Title: V () Delete
Name: PELLIGRINE, DEBBIE
Address: 7500 N.W. 30TH PL #114
City-St-Zip: SUNRISE, FL 33313

Title: S (X) Delete
Name: CHAPPETA, PATRICK
Address: 7502 NW 30TH APT. 116
City-St-Zip: SUNRISE, FL 33313

Title: D (X) Delete
Name: INFANTINO, SAM
Address: Y
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CHAPPETA, PATRICK
Address: 7500 N.W. 30TH PL #116
City-St-Zip: SUNRISE, FL 33313

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN H. LEVINE

P

02/04/2009

Electronic Signature of Signing Officer or Director

Date