

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728515 (8)**

1. Corporation Name  
**QUAIL RUN OF SUNRISE UNIT THREE ASSOCIATION, INC**



Principal Place of Business 2998-3000 SUNRISE LKS DRIVE EAST SUNRISE FL 33322	Mailing Address 2998-3000 SUNRISE LKS DRIVE EAST SUNRISE FL 33322
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/31/1973	3a. Date of Last Report 04/21/1995
21	26	4. FEI Number 59-1768006	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**NORMAN MARCUS, ESQ**  
**8181 W. BROWARD BLVD**  
**SUITE 300**  
**PLANTATION FL 33324**

81 Name

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

83

84 City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LUCIA, VINCENT	1.2 NAME	
STREET ADDRESS	2998 SUNRISE LAKES DR. EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, SIVAK	2.2 NAME	D FARRIOLA JOSEPH
STREET ADDRESS	2998 SUNRISE LAKES DRIVE EAST	2.3 STREET ADDRESS	3000 SUNRISE LAKES DR. E
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	SUNRISE FLA.
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCCIERO, ALBERT	3.2 NAME	P BALSAMO, VINCENT
STREET ADDRESS	3000 SUNRISE LAKES DR E	3.3 STREET ADDRESS	2998 SUNRISE LAKES DR. E
CITY-ST-ZIP	SUNRISE, FL 00000	3.4 CITY-ST-ZIP	SUNRISE, FLA.
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTICELLO, JAMES	4.2 NAME	
STREET ADDRESS	3000 SUNRISE LKS DR E	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, KENNY	5.2 NAME	S MARSHAK, HENRIETTA
STREET ADDRESS	3000 SUNRISE LAKES DRIVE EAST	5.3 STREET ADDRESS	2998 SUNRISE LAKES DR E
CITY-ST-ZIP	SUNRISE, FL 00000	5.4 CITY-ST-ZIP	SUNRISE, FLA
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, KEN	6.2 NAME	D SCERBO, LOUIS
STREET ADDRESS	3000 SUNRISE LAKES DRIVE EAST	6.3 STREET ADDRESS	3000 SUNRISE LAKES DR. E
CITY-ST-ZIP	SUNRISE, FL 00000	6.4 CITY-ST-ZIP	SUNRISE FLA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:** Henrietta Marshal *February 23 1996* 3068  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HENRIETTA MARSHAK 742-4089  
 Daytime Phone #

CR2E037 (12/95)