

FILE NOW: FILING FEE IS \$61.25

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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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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3. Date Incorporated or Qualified 12/31/1973	3a. Date of Last Report 03/05/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 59-1768006	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**NORMAN MARCUS, ESQ
8181 W. BROWARD BLVD
SUITE 300
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 **CHERYL J. LEVIN, P.A.**
83 **COURTYARD BUSINESS CENTER**
84 **10226 N.W. 47th street**
SUNRISE, FLORIDA 33351
FL | 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: Cheryl J. Levin, Esq. DATE: 2/4/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DE LUCIA, VINCENT	
STREET ADDRESS	2998 SUNRISE LAKES DR. EAST	
CITY-ST-ZIP	SUNRISE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FARRAJOLA, JOSEPH	
STREET ADDRESS	3000 SUNRISE LAKE DRIVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BALSAMO, VINCENT	
STREET ADDRESS	2998 SUNRISE LAKES DRIVE EAST	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MONTICELLO, JAMES	
STREET ADDRESS	3000 SUNRISE LKS DR E	
CITY-ST-ZIP	SUNRISE, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARSHAK, HENRIETTA	
STREET ADDRESS	2998 SUNRISE LAKES DIRVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCERBO, LOUIS	
STREET ADDRESS	3000 SUNRISE LAKES DRIVE W.	
CITY-ST-ZIP	SUNRISE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3000 SUNRISE LAKES DR EAST
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2998 SUNRISE LAKES DR EAST
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	3000 SUNRISE LAKES DR. EAST
6.4 CITY-ST-ZIP	

14. I do 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 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 Marshak SECRETARY February 5/97 954-742-4089

CR2037 (9/96)