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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: 12/31/1973
4. FEI Number: 59-1768006
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
LEVIN, CHERYL J P
COURTYARD BUSINESS CTR
10228 NW 47TH ST
SUNRISE FL 33351

10. Name and Address of New Registered Agent
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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	DE LUCIA, VINCENT 2998 SUNRISE LAKES DR. EAST SUNRISE, FL 00000	1.1 TITLE: VP	1.2 NAME: [Change] [Addition]
TITLE: D	FARRAJOLA, JOSEPH 3000 SUNRISE LAKES DR E SUNRISE FL	2.1 TITLE: D	2.2 NAME: MADDALONE, ANNA
TITLE: P	BALSAMO, VINCENT 2998 SUNRISE LAKES DRIVE EAST SUNRISE FL	2.3 STREET ADDRESS: 3000 SUNRISE LKS DR. E.	2.4 CITY-ST-ZIP: SUNRISE, FL 33322
TITLE: VP	MONTICELLO, JAMES 3000 SUNRISE LKS DR E SUNRISE, FL 00000	3.1 TITLE: P	3.2 NAME: MARCHAND MALCOLM
TITLE: S	MARSHAK, HENRIETTA 2998 SUNRISE LAKES DR E SUNRISE FL	3.3 STREET ADDRESS: 2998 SUNRISE LKS DR E	3.4 CITY-ST-ZIP: SUNRISE FL 33322
TITLE: D	SCERBO, LOUIS 300 SUNRISE LAKES DR E SUNRISE FL	4.1 TITLE: D	4.2 NAME: KITCHEN WALTER
		4.3 STREET ADDRESS: 2998 SUNRISE LKS DR E	4.4 CITY-ST-ZIP: SUNRISE FL 33322
		5.1 TITLE: T	5.2 NAME: [Change] [Addition]
		5.3 STREET ADDRESS: [Change] [Addition]	5.4 CITY-ST-ZIP: [Change] [Addition]
		6.1 TITLE: S	6.2 NAME: CURCIO, AMELIA
		6.3 STREET ADDRESS: 2998 SUNRISE LKS. DR E	6.4 CITY-ST-ZIP: SUNRISE FL 33322

14. 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 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 HENRIETTA MARSHAK
2/14/98 954-742-4089

CR2E037 (10/97)