FILE NOW: FILING FEE IS \$61.25

*NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1996	DIVISION OF	F CORPORA(I	ONS					
	MENT # 747 5	()							
QUART	rerdeck condominium	M ASSOCIATION, INC.			1 00 0 M (- 		
Principal Place	e of Business	Mailing Address			1 1000111 100011 01011 1	IODE BLING 1991W	MINI MININ MININ MININ ME	III QEQIL DIRECENDAL	
1531 S.E. 15TH ST. #2 1531 S.E. 15TH ST. #2									
APT #4 FORT LAUDE	ERDALE, FLF 33316	APT #4 Fort Lauderdale, f	E) E 22216						
US		US	Lr 33310		3. Date Incorporated of 06/07/1979	Qualified	3a. Date of Las 02/22/		
	ace of Business	2a. Mailing Address			4. FEI Number			Applied For	
Suite, Apt.	# ofo	Suite, Apt. #, etc.	·····		65-0002364			Not Applicable	4
22	π, e.c.	····	27			Desired	1 1	5 Additional Required	
City & State	9	City & State				inancing	\$5.0	ОО Мау Ве	
23		28	···,	 ,,	Trust Fund Contribut	•		ed to Fees	
Zip 24	Country	Z _i p	Country	1	8. This corporation has			s. 199.032,	7
24	25] 9. Name and Address of Cur	rrent Registered Agent	30		Florida Statutes 10. Name and Address		Yes No		
			81	Name	10. Name and Address	OI NEW NO	Ristelen Waelt		\dashv
STAWIC	KI, IRMIN		82	Ctroot	Address (P.O. Box Number is No	t Assestable			4
	15TH ST #4		62	Sileei	Address (F.O. Box Number is No	и Асовріавк	*		
FT. LAU	DERDALE FL 33316		83						
			84	City			B5 Z	ip Code	-
14 Diminant	to the slower of Continue C17.0	2500 10/7 1500 5: 10 0:		<u></u>	***		, FI 1	•	
or register	to the provisions of Sections 617.0 ed agent of oil, in the State of F th, and advisint pobligations of, S	lorida. Such change was authoriz	tes, the above- zed by the corp	named co oration's	orporation submits this statement board of directors. I hereby acce	for the purp ot the appoi	iose of changing its intment as registere	registered offici d agent. I am	,
	th, and accepting obligations of, S	Section 617.0503, Florida Statutes	S.		·			J	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NC	OTE: Registered Age	nt signature r	equired when reinstating)		4-5-9C		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANG	S TO OFFIC			- 32
TITLE	PD				VPD		☐ Change	Addition	CR2E037 (12/95)
NAME			1.2 NAME		BODO EBERSTE	IN			37
STREET ADDRESS	1531 SE 15TH ST. #4		1.3 STREET		ver se iem si #a				ĺΫ
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL VPD DEDELETE		1.4 CITY-5 2.1 TITLE	ST - ZIP	Fr. CALL PEDALE	tl 3	Change	Addition	ᆜ뽔
NAME	ANDERSON, STEVE	-					□ Criange	[] AUDITION	1
STREET ADDRESS	1531 SE 15TH ST. #6		2.2 NAME 2.3 STREET	ADORESS					
CITY-ST-ZIP	FT. LAUDERDALE FL		2 4 CITY-	-					
TITLE	TD DELETE		3.1 TITLE				Change	Addition	7
NAME			3 2 NAME						1
STREET ADDRESS	1531 SE 15TH ST. #1		3 3 STREET	ADDRESS					
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL	DELETE	3.4, CITY-1	ST-ZIP					_
NAME		Motoria	4.1 TITLE 4. 2 NAME				☐ Change	Addition	
STREET ADDRESS			4.2 NAME 4.3 STREET						
CITY-SY-ZIP			4.4 CITY-S						
TITLE		☐ DELETE	5.1 7ITLE	II-TH	***************************************	4 (***	Change	Addition	\dashv
NAME	_		5.2 NAME	•	30000 -05/23/90	0100 :0100	(1333° 20007		1
STREET ADDRESS			5.3 STREET	ADDRESS	***61.25	, 0100	100 CUL	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	16
CITY-ST-ZIP			5.4 CITY - 9	I-ZIP	ananor Lo			<u>ا (کرلے'</u>	
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME etorer apporee			6.2 NAME				・ノ	1	
STREET ADDRESS CITY-ST-ZIP			6.3 STREET					9	
	y certify that the information supplied the information indicated on this a	ied with this filing is voluntarily furn	6.4 CITY - S nished and doe	s not our	lify for the exemption stated in S	ection 119 N	7(3)(k). Fiorida Stati	ites I further	***
certify that	l the information indicated on this a	annual report or supplemental ann	ual report le tri	io and no	curate and that my pignature che	Il have the p	and lead office	d	1

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 discrete of the capporation 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 12 or Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: __

SIGNATURE NOT YELD ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

454-304-3114P