

2000 UNIFORM-BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90005 037 ****61.25

DOCUMENT # 747536

1. Entity Name

QUARTERDECK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1531 SE 15TH ST
 APT #1
 FORT LAUDERDALE, FL 33316
 US

Mailing Address

1531 SE 15TH ST
 APT 1
 FORT LAUDERDALE, FL 33316
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0002364

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZEBNY, LAURA J
 1531 SE 15TH ST #6
 FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name **THOMAS V SHOOP**

Street Address (P.O. Box Number is Not Acceptable)
1220 Miami Road - #6

City **FORT LAUDERDALE**

FL

Zip Code **33316**

8. 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

Thomas V. Shoop

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZEBNY, LAURA	
STREET ADDRESS	1531 SE 15TH ST #6	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	EBERSTEIN, BODO	
STREET ADDRESS	1531 S.E. 15TH ST. #2	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, JACK	
STREET ADDRESS	1531 SE 15TH ST. #1	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEBNY, LAURA	
STREET ADDRESS	1531 SE 15th Street #2	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	PRES.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBERSTEIN, BODO	
STREET ADDRESS	1531 SE 15th Street #2	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAWICKI, IRMIN	
STREET ADDRESS	1531 SE 15th STREET #1	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas V. Shoop **THOMAS V. SHOOP**

Date

Daytime Phone #

7-13-2000 954-462-0880

CR2E037 (5/00)