

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

0046811

03-29-2001 90364 004 ****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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0002364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
SHOOP, THOMAS V
1220 MIAMI ROAD #6
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW:
FEES IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP STAWICKI, IRMIN 1531 SE 15TH ST #1 FT LAUDERDALE, FLA 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Laura Zebny **LAURA ZEBNY** **3-27-01** **954-462-0880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)