

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

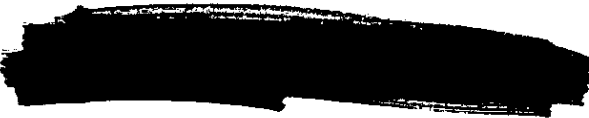
05-13-2002 90050 013 ****61.25

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DOCUMENT # 747536
1. Entity Name
QUARTERDECK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1531 SE 15TH ST **1531 SE 15TH ST**
APT #1 **APT 1**
FORT LAUDERDALE, FL 33316 **FORT LAUDERDALE, FL 33316**
US **US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. **1220 MIAMI RD. #6**
City & State Suite, Apt. #, etc.
FT LAUDERDALE FLA **SUITE #6**
Zip Country Zip Country
33316 **BROWARD**



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 7. Name and Address of New Registered Agent
SHOOP, THOMAS V Name
1220 MIAMI ROAD #6 Street Address (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33316 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: FEE 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZEBNY, LAURA <input checked="" type="checkbox"/> Delete 1531 SE 15TH ST #6 FT. LAUDERDALE FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS ZEBNY, SCOTT D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1531 S.E. 15TH ST. #6 FT LAUDERDALE, FLA. 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EBERSTEIN, BODO <input checked="" type="checkbox"/> Delete 1531 S.E. 15TH ST. #2 FORT LAUDERDALE, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERGER, ERIC D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1531 S.E. 15TH ST. #7 FT LAUDERDALE FLA. 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAWICKI, IRMIN <input type="checkbox"/> Delete 1531 SE 15TH ST. #1 FORT LAUDERDALE FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TW CASE, WILLIAM D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1531 SE 15TH ST. #2 FT LAUDERDALE, FLA. 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **ERIC BERGER** **4-24-02** **954-462-0880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #