

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747536

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: QUARTERDECK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

1220 MIAMI RD  
# 6  
FORT LAUDERDALE, FL 33316 US

**New Mailing Address:**

FEI Number: 65-0002364      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHOOP, THOMAS V  
1220 MIAMI ROAD #6  
FT. LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: ZEBNY, SCOTT  
Address: 1531 SE 15TH ST #6  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: PD ( ) Delete  
Name: BERGER, ERIC  
Address: 1531 SE 15TH ST # 7  
City-St-Zip: FORT LAUDERDALE,, FL 33316 US

Title: D ( ) Delete  
Name: CASE, WILLIAM  
Address: 1531 SE 15TH ST #2  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: STAWICKI, IRMIN  
Address: 1531 SE 15TH ST # 1  
City-St-Zip: FORT LAUDERDALE,, FL 33316 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRMIN STAWICKI

P

04/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date