

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90305 027 ****61.25

DOCUMENT # 747536

1. Entity Name
QUARTERDECK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

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

**1220 MIAMI RD
6
FORT LAUDERDALE FL 33316
US**

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
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	ZEBNY, SCOTT	
STREET ADDRESS	1531 SE 15TH ST #6	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERGER, ERIC	
STREET ADDRESS	1531 SE 15TH ST # 7	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STAWICKI, IRMIN	
STREET ADDRESS	1531 SE 15TH ST. # 1	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASE, WILLIAM	
STREET ADDRESS	1531 SE 15TH ST #2	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
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		<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		
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: SIGNATURE REQUIRED

3-26-2003 954-4620880

CR2E037 (10/02)