

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

DOCUMENT# 748642

Entity Name: QUADRILLE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8081 AMBACH WAY  
HYPOLUXO, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BANYAN PROPERTY MANAGEMENT INC  
2328 S CONGRESS AVE SUITE 1C  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

FEI Number: 59-2066990      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BACKER LAW FIRM, PA  
400 SOUTH DIXIE HIGHWAY, SUITE 420  
BOCA RATON, FL 33432 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: PD ( ) Delete  
Name: KOL, NOAM  
Address: 8176 AMBACH WAY  
City-St-Zip: HYPOLUXO, FL 33462

Title: VD ( ) Delete  
Name: JACOBSON, TED  
Address: 8125 AMBACH WAY  
City-St-Zip: HYPOLUXO, FL 33462

Title: SD ( ) Delete  
Name: BRENT, MAUREEN  
Address: 8027 AMBACH WAY  
City-St-Zip: HYPOLUXO, FL 33462

Title: D ( ) Delete  
Name: KOCJANCIC, KEITH  
Address: 8062 AMBACHWAY  
City-St-Zip: HYPOLUXO, FL 33462

Title: ST ( ) Delete  
Name: WALSH, MARY A  
Address: 8003 AMBACH WAY  
City-St-Zip: LAKE WORTH, FL 33462

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

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

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

Title: S (X) Change ( ) Addition  
Name: MCKAY, DEBBIE  
Address: 8154 AMBACH WAY  
City-St-Zip: HYPOLUXO, FL 33462

Title: D (X) Change ( ) Addition  
Name: BAZIL, PHILLIP  
Address: 8157 AMBACH WAY  
City-St-Zip: HYPOLUXO, FL 33462

Title: D (X) Change ( ) Addition  
Name: GUPTILL, EILEEN  
Address: 8114 AMBACH WAY  
City-St-Zip: LAKE WORTH, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NOAM KOL

PD

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date