

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768286

FILED
May 04, 2007
Secretary of State

Entity Name: QUATRAINE CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

UNLIMITED PROPERTY MGMT LLC
7655 NW 50 ST
MIAMI, FL 33166 US

New Principal Place of Business:

12350 SW 132 COURT
STE 114
MIAMI, FL 33186 US

Current Mailing Address:

UNLIMITED PROPERTY MGMT LLC
7655 NW 50 ST
MIAMI, FL 33166 US

New Mailing Address:

12350 SW 132 COURT
STE 114
MIAMI, FL 33186 US

FEI Number: 59-2344920 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

M J B
UNLIMITED PROPERTY MGMT LLC
7655 NW 50 ST
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

HALBERG, MICHAEL
10800 BISCAYNE BLVD
STE 988
MIAMI, FL 33166 US

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: MICHAEL HALBERG ESQ

05/04/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUSSOMANNO, LAURETTA
Address: 20105 NE 3RD CT, #1
City-St-Zip: MIAMI, FL 33179

Title: SD () Delete
Name: SILVA, MICHAEL
Address: 20105 NE 3RD COURT #11
City-St-Zip: MIAMI, 33 179

Title: TD () Delete
Name: DOMASH, ALICE
Address: 20065 N E 3RD COURT #8
City-St-Zip: MIAMI, FL 33179

Title: VP (X) Delete
Name: MAESTU, DEBORAH
Address: 20065 NE 3 CT 7
City-St-Zip: MIAMI, FL 33179

Title: D (X) Delete
Name: LEE, CLARISSA
Address: 20025 NE 3RD CT 6
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: SILVA, MICHAEL
Address: 20105 NE 3RD COURT #11
City-St-Zip: MIAMI, 33 33179

Title: TD (X) Change () Addition
Name: GIORELLE, ROBERT
Address: 20105 NE 3 COURT #05
City-St-Zip: MIAMI, FL 33179

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

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

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: LAURETTA RUSSOMANNO

PD

05/04/2007

Electronic Signature of Signing Officer or Director

Date