2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# 768286

Entity Name: QUATRAINE CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

3100 NW 72 AVE
STE 113
MIAMI, FL 33122 US

New Principal Place of Business:

Current Mailing Address:

3100 NW 72 AVE
STE 113
MIAMI, FL 33122 US

New Mailing Address:

FEI Number: 59-2344920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, JOSEPH
1720 HARRISON STREET
STE 1820
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

SOUTH FLORIDA CONDOMINIUM MANAGEMENT, INC.
3100 NW 72ND AVENUE
STE 113
MIAMI, FL 33122 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: MATHEW CICERO 05/20/2009
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 33179

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

Title: D ( ) Delete
Name: DOMASH, ALICE
Address: 20065 NE 3 COURT # 8
City-St-Zip: MIAMI, FL 33179

Title: D ( ) Delete
Name: HELLER, NORMAN
Address: 20105 NE 3 CT NO. 2
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 RUSSOMANO P 05/20/2009
Electronic Signature of Signing Officer or Director Date