

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768287 (5)

1. Corporation Name

QUATRANE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

20260 N.E. 3 COURT #6
MIAMI FL 33179
US

20260 N.E. 3 COURT #6
MIAMI FL 33179
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 05/05/1983	3a. Date of Last Report 04/27/1994
4. FEI Number 59-2344917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTBERG, MITCH
20260 NE 3 CT #6
MIAMI FL 33179

81 Name	Becker & Poliakoff, P.A.		
82 Street Address (P.O. Box Number is Not Acceptable)	311 STERLING ROAD		
83			
84 City	Fort Lauderdale	FL	85 Zip Code 33310

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Alan Busch* **4/25/95**
Signature, typed or printed name of registered agent and title if applicable. (NOT a Registered Agent signature required when renewing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUARTZBORD, GARY	1.2 NAME	
STREET ADDRESS	20145 2 N.E. 3RD COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, CARL	2.2 NAME	
STREET ADDRESS	20200 4 NE 3RD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTBERG, MITCHELL	3.2 NAME	
STREET ADDRESS	20260-6 NE 3RD COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	PRES. Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSOMANNO, LAURETTA	4.2 NAME	
STREET ADDRESS	20105-01 NE 3RD CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	Sec. Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KKLEINMINTZ, ARLEEN	5.2 NAME	Leslee Vichengrad
STREET ADDRESS	20085-5 NE 3RD CT	5.3 STREET ADDRESS	20160-4 NE 3rd
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL 33179
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mitch Rotberg* **4-19-95** **305-657-4720**
Signature, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Verse 8)