

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 768287 (5)
1. Corporation Name
QUATRAINE 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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/05/1983	05/01/1995
Suite, Apt. #, etc.		27		4. FEI Number	Applied For
22		27		59-2344917	Not Applicable
City & State		28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	<input type="checkbox"/>
Zip		29		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		29		<input type="checkbox"/>	<input type="checkbox"/>
Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		30		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECKER & POLIAKOFF, PA 3111 STERLING RD FT LAUDERDALE FL 33310				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUARTZBORD, GARY	1.2 NAME	PAYNE, BETSY
STREET ADDRESS	20145 2 N.E. 3RD COURT	1.3 STREET ADDRESS	20145 NE 3rd Ct
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33179
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	CUNNINGHAM, JERRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTON, CARL	2.2 NAME	CUNNINGHAM, JERRY
STREET ADDRESS	20200 4 NE 3RD CT	2.3 STREET ADDRESS	20200 4 NE 3rd Ct
CITY-ST-ZIP	MIAMI FL 33179	2.4 CITY-ST-ZIP	MIAMI FL 33179
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTBURG, MITCHELL	3.2 NAME	BERNSTEIN, MARK
STREET ADDRESS	20260 8 NE 3RD COURT	3.3 STREET ADDRESS	20145-02 NE 3rd Ct
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33179
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSOMANNO, LAURETTA	4.2 NAME	WEINTRAUB, ROBERT
STREET ADDRESS	20105-01 NE 3RD CT	4.3 STREET ADDRESS	20035-07 NE 3rd Ct
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL 33179
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICHENGRAD, LESLER	5.2 NAME	VICHENGRAD, LESLEE
STREET ADDRESS	20160-4 NE 3RD CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 119.07(3)(k), 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: LAURETTA RUSSOMANNO *Lauretta Russomanno* Pks. QHA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3.11.96 (345) 683 8279

CR2E037 (12/95)