

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90133 047 ****61.25

DOCUMENT # 768287

1. Entity Name

QUATRINE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

C/O ANH MANAGEMENT
 310 MCKINELY ST
 HOLLYWOOD FL 33019
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2344917

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, PA
3111 STERLING RD
FT LAUDERDALE FL 33310

Change address only

Name

Street Address (P.O. Box Number is Not Acceptable)

2401 West Bay Drive Ste 414

City

CARLEO FL 33770

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	PAYNE, BETSY	
STREET ADDRESS	20145 NE 3RD CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D, President	<input type="checkbox"/> Delete
NAME	BERSTEIN, MARK	
STREET ADDRESS	20145-02 NE 3RD CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RUSSOMANNO, LAURETTA	
STREET ADDRESS	20105-01 NE 3RD CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD VP	<input type="checkbox"/> Delete
NAME	VICHENGRAD, LESLEE	
STREET ADDRESS	20160-4 NE 3RD CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLELAND, ANDY	
STREET ADDRESS	20205-05 NE 3RD CT	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSTWICK, ED	
STREET ADDRESS	20320-09 NE 3RD CT	
CITY-ST-ZIP	MIAMI FL 33179	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Noldan	
STREET ADDRESS	20240-06 Ne 3rd Ct	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	MARK BORNSTEIN, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20861 Ne 30 Ct	
STREET ADDRESS	Adventure Dr 33180	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gene Charjet	
STREET ADDRESS	20125-03 Ne 3rd Ct	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cobby Jacobs	
STREET ADDRESS	20320-12 Ne 3rd Ct	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Zaleski	
STREET ADDRESS	20250-07 Ne 3rd Ct	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria Casallero	
STREET ADDRESS	20240-07 Ne 3rd Ct	
CITY-ST-ZIP	MIAMI FL 33179	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 *305-653 1057*
 Date Daytime Phone #

CR2E037 (9/01)