
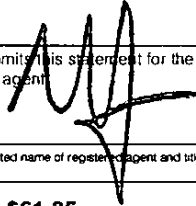
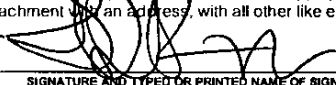


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90483 009 \*\*\*\*61.25

DOCUMENT # 768287			
1. Entity Name QUATRINE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 19501 NE 10TH AVE., STE 300 MIAMI, FL 33179 US		Mailing Address 19501 NE 10TH AVE., STE 300 MIAMI, FL 33179 US	
2. Principal Place of Business		3. Mailing Address	
Unlimited Property Management, LLC 7655 NW 50 Street Miami, Florida 33166 305-553-9731		Unlimited Property Management, LLC 7655 NW 50 Street Miami, Florida 33166 305-553-9731	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MIB 19501 NE 10 AVE #300 MIAMI, FL 33179		Unlimited Property Management, LLC 7655 NW 50 Street Miami, Florida 33166 305-553-9731	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 4/22/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: BERSTEIN, MARK STREET ADDRESS: 20861 NE 30 COURT CITY-ST-ZIP: MIAMI, FL 33180	<input type="checkbox"/> Delete	TITLE: PD NAME: Lauretta Russomanno STREET ADDRESS: 20105 NE 3rd Ct #1 CITY-ST-ZIP: MIAMI FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: ROLDEN, SANDRA STREET ADDRESS: 20240-06 NE 3 COURT CITY-ST-ZIP: MIAMI, FL 33179	<input type="checkbox"/> Delete	TITLE: SD NAME: Libby Jacobs STREET ADDRESS: 20320 NE 3rd #12 CITY-ST-ZIP: Miami FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: VICHENGRAD, LESLEE STREET ADDRESS: 20160-4 NE 3RD CT CITY-ST-ZIP: MIAMI, FL 33179	<input type="checkbox"/> Delete	TITLE: Hilda Gene Charles NAME: Hilda Gene Charles STREET ADDRESS: 20140 NE 3rd Ct #7 CITY-ST-ZIP: Miami FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: CHAJET, GENE STREET ADDRESS: 20125-03 NE 3 COURT CITY-ST-ZIP: MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Gene Chajet STREET ADDRESS: 20125 NE 3rd Ct #3 CITY-ST-ZIP: Miami FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of the trust 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: 		Date: 4-19-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 305-553-97	

50017918



04122006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2344917 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Name: Unlimited Property Management, LLC  
 Street Address: 7655 NW 50 Street  
 City: Miami, Florida 33166  
 State: FL 33166  
 Zip: 305-553-9731

*[Handwritten signature]*

4/22/06

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-553-97