


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

PAGE 1 OF 2  
**FILED**

06 AUG -9 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




<b>DOCUMENT # 768287</b>					
1. Entity Name <b>QUATRAINE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>%UNLIMITED PROPERTY MANAGEMENT LLC 7655 NORTHWEST 50 STREET MIAMI, FL 33166 US</b>		Mailing Address <b>%UNLIMITED PROPERTY MANAGEMENT LLC 7655 NORTHWEST 50 STREET MIAMI, FL 33166 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-2344917</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>UNLIMITED PROPERTY MANAGEMENT, LLC. 7655 NORTHWEST 50 STREET MIAMI, FL 33166</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERSTEIN, MARK	NAME	<b>000078759250</b>		
STREET ADDRESS	20861 NE 30 COURT	STREET ADDRESS	<b>08/16/06--01011--003 **\$1.25</b>		
CITY-ST-ZIP	MIAMI, FL 33180	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROLDEN, SANDRA	NAME	<b>GABAY, ELIZABETH FAY</b>		
STREET ADDRESS	20240-06 NE 3 COURT	STREET ADDRESS	<b>20145-10 NE 3RD COURT</b>		
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP	<b>MIAMI FL 33179-2967</b>		
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VICHENGRAD, LESLEE	NAME	<b>ROTBURG, MITCHELL</b>		
STREET ADDRESS	20160-4 NE 3RD CT	STREET ADDRESS	<b>20260-6 NE 3RD COURT</b>		
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP	<b>MIAMI FL 33179-2967</b>		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	MAESTU, JOHN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CHAJET, GENE	NAME	<b>VICE PRESIDENT</b>		
STREET ADDRESS	20125 SOUTHEAST 3RD COURT SUITE 3	STREET ADDRESS	<b>20065-7 NE 3RD COURT</b>		
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP	<b>MIAMI FL 33179-2967</b>		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RUSOMANNO, LAURETTA	NAME	<b>CINTRON, DANIEL</b>		
STREET ADDRESS	20105 NORTHEAST 3RD COURT SUITE 1	STREET ADDRESS	<b>20300-1 NE 3RD COURT</b>		
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP	<b>MIAMI FL 33179-2967</b>		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JACOBS, LIBBY	NAME	<b>CENECHARLES, HILDA</b>		
STREET ADDRESS	20320 NORTHEAST 3RD COURT SUITE 12	STREET ADDRESS	<b>20140-7 NE 3RD COURT</b>		
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP	<b>MIAMI FL 33179-2967</b>		
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 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: <i>Elizabeth Fay Gabay</i>		PAGE 1 OF 2			
<b>ELIZABETH FAY GABAY, PRESIDENT</b>		<b>AUGUST 5TH 2006 305-525-3605</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

208/10

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City & State		City & State			
Zip		Country		Zip	
Country		Country		07172006 Chg-NP CR2E037 (4/06)	
4. FEI Number <b>59-2344917</b>				Applied For Not Applicable	
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TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>DIRECTOR</b>	
STREET ADDRESS			STREET ADDRESS	<b>PENDARAKIS, ANTHONY</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>20105-0 NE 3RD COURT</b>	
				<b>MIAMI FL 33179-2967</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>DIRECTOR</b>	
STREET ADDRESS			STREET ADDRESS	<b>MAXWELL, PAUL SCOTT</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>20145-9 NE 3RD COURT</b>	
				<b>MIAMI FL 33179</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>DIRECTOR</b>	
STREET ADDRESS			STREET ADDRESS	<b>SMITH, JIM J.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>20120-3 NE 3RD COURT</b>	
				<b>MIAMI FL 33179</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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SIGNATURE: <i>E Gabam</i> <b>ELIZABETH FAY GABAM, PRESIDENT</b>			DATE: <b>AUGUST 5<sup>th</sup> 2006</b>		DAYTIME PHONE #: <b>305-525-3605</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					