

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768287

FILED
Apr 24, 2012
Secretary of State

Entity Name: QUATRAINE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3100 NW 72 AVE
SUITE 113
MIAMI, FL 33122 US

New Principal Place of Business:

Current Mailing Address:

3100 NW 72 AVE
SUITE 113
MIAMI, FL 33122 US

New Mailing Address:

FEI Number: 59-2344917 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOUTH FLORIDA CONDOMINIUM MANAGEMENT, INC.
3100 NW 72 AVE
SUITE 113
MIAMI, FL 33122 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: RUSSOMANO, LAURETTA
Address: 3100 NW 72 AVENUE, SUITE 113
City-St-Zip: MIAMI, FL 33122

Title: VP
Name: ANDERSON, DEETRA
Address: 3100 NW 72 AVENUE, SUITE 113
City-St-Zip: MIAMI, FL 33122 US

Title: TD
Name: ROTBERG, MITCHELL
Address: 3100 NW 72 AVENUE, SUITE 113
City-St-Zip: MIAMI, FL 33122 US

Title: D
Name: HALL, CHARLOTTE
Address: 3100 NW 72 AVENUE, SUITE 113
City-St-Zip: MIAMI, FL 33122 US

Title: D
Name: RAMSEY, PAMELA
Address: 3100 NW 72 AVENUE, SUITE 113
City-St-Zip: MIAMI, FL 33122 US

Title: S
Name: HOSEIN, NAILA
Address: 3100 NW 72 AVENUE, SUITE 113
City-St-Zip: MIAMI, FL 33122 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAURETTA RUSSOMANO

P

04/24/2012

Electronic Signature of Signing Officer or Director

_____ Date