

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91158 031 ****61.25

DOCUMENT # 768287

1. Entity Name
QUATRINE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
17250 NE 19th Ave
20260 N.E. 3 COURT #6
MIAMI FL 33179
US
North Miami Beach Fl 33162

11091369



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2344917**

Applied For

Not Applicable

Zip

Country

Zip

Country

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
2401 WEST BAY DRIVE
SUITE 414
LARGO FL 33770

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida 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	<input type="checkbox"/> Delete
NAME	BERSTEIN, MARK	
STREET ADDRESS	20861 NE 30 COURT	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROLDEN, SANDRA	
STREET ADDRESS	20240-06 NE 3 COURT	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VICHENGRAD, LESLEE	
STREET ADDRESS	20160-4 NE 3RD CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAJET, GENE	
STREET ADDRESS	20125-03 NE 3 COURT	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED** *Gene Chajet* - 305-653-7307

CR2E037 (10/02)