

William Quinlan, CCIM



INVESTMENT PROPERTY ASSOCIATES, INC.

Licensed Real Estate Broker

940 East Cypress Creek Road
Fort Lauderdale, Florida 33334
Office: (954) 771-9191 Fax: (954) 771-9267
Email: wquinlan@ccim.net
Website: www.ccim.com

**CORPORATION
(AR)**



STREET
RDAL FL 33334

FILED
Jan 22, 2007 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0204307		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	
QUINLAN, WILLIAM M 940 NE 62ND STREET FORT LAUDERDALE FL 33334		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 transferring) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
QUINLAN, WILLIAM M 904 NE 62ND STREET FORT LAUDERDALE FL		U00000594885 01/23/07-80017-012 150.00	
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all authority empowered.

SIGNATURE: _____ (1/18/07) (954) 771-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #