2002 UNIFORM BUSINESS REPORT (UBR)

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FILED May 29, 2002 8:00 am Secretary of State

DOCUMENT # N0100005830 03-25-2002 90062 031 ****61.25 1. Entity Name QUAINT CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 87684 1209 ALEXANDER COURT 1208 ALEXANDER COURT **CRLANDO FL 32804** ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FFI Number X Applied For Not Applicable Zlp Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FATIGATI, BRIAN 1208 ALEXANDER COURT ORLANDO FL 32804 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered again and late Expolicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$81.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Yourday TITLE Delete TITLE ☐ Charge Addition Š Brow Fatner STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DYTAL FL 32814 CITY-ST-ZIP Presida THOND TONNINGS TITLE ☐ Delete ☐ Change ☐ Addition NUME 4TMORE AND 101101 MALIF STREET ADDRESS ORIATOR HE STREET ADDRESS CITY-SI-78 CITY-ST-ZIP" K. Sies , Don) TITLE TITLE Ogleber | Deleter Change WARIUS THERETO NAMÉ MALLE STIZET ADORES STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Societary Is easured - Director - Delete TITLE TITLE ☐ Addition HAME paula rateman NALEE STREET ADORESS STREET ADDRESS 1441 MONTANA CITY-ST-ZIP CITY-ST-ZP TIRLE President TIRE ☐ Addition NAME NAME RAYMOND JENNINGS STREET ADDRESS 1308 Spokene Avan STREET ADDRESS 32503 CHTY-ST-ZIP CITY-ST-ZIP ハイタンのう Director TITLE TITLE ☐ Channe ☐ Addition NULLE MARCUS BATEMAN NALIF STREET ADDRESS 1441 montans spreet STREET ADDRESS CITY-ST-ZP 6637801 CITY-ST-ZIP ORC AMPY 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: