

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90076 002 ****70.00

DOCUMENT # N02000001539					
1. Entity Name QUANTERA AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O LANG MGMT 6271 PGA BLVD 201 PALM BEACH GARDENS, FL 33418			Mailing Address C/O LANG MGMT 6271 PGA BLVD 201 PALM BEACH GARDENS, FL 33418		
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	01102007 Chg-NP CR2E037 (12/06)	
4. FEI Number 02-0558401				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISAACSON, WILLIAM K C/O LANG MGMT 6271 PGA BLVD 201 PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME SCHNEIDER, ROBERT STREET ADDRESS 113 VIA QUENTERA CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete				
TITLE VP NAME MCGRATH, MATHEW STREET ADDRESS 106 VIA QUENTERO CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete				
TITLE T NAME POLLACK, ANTHONY STREET ADDRESS 128 VIA QUENTERO CITY-ST-ZIP PALM BEACH GARDENS, FL	<input type="checkbox"/> Delete				
TITLE S NAME SPENCER, MARC I STREET ADDRESS 206 VIA QUENTERO CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete				
TITLE D NAME DONA, ADAM STREET ADDRESS 201 VIA QUENTERO CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE Schneider, Robert NAME 113 Via Quentera STREET ADDRESS Palm Beach Gardens, FL 33418 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE VP NAME McGrath, Matthew STREET ADDRESS 106 Via Quentero CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE T NAME Pollack, Anthony STREET ADDRESS 128 Via Quentero CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE S NAME Cohen Joan STREET ADDRESS 206 Via Quentero CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D NAME Dona, Adam STREET ADDRESS 201 Via Quentera CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Robert Schneider</u> 1/18/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					