

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90176 010 \*\*\*\*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

01042008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**02-0558401**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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**

TITLE **P** ☐ Delete  
NAME **SCHNEIDER, ROBERT**  
STREET ADDRESS **113 VIA QUENTERA**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **VP** ☐ Delete  
NAME **MCGRATH, MATHEW**  
STREET ADDRESS **106 VIA QUENTERO**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **T** ☐ Delete  
NAME **POLLACK, ANTHONY**  
STREET ADDRESS **128 VIA QUENTERO**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **S** ☒ Delete  
NAME **SPENCER, MARC I**  
STREET ADDRESS **206 VIA QUENTERO**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **D** ☒ Delete  
NAME **DONA, ADAM**  
STREET ADDRESS **201 VIA QUENTERO**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **S** ☒ Delete  
NAME **COHEN, JOAN**  
STREET ADDRESS **206 VIA QUENTERO**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **P** ☒ Change ☐ Addition  
NAME **Schneider, Robert**  
STREET ADDRESS **113 Via Quentera**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE **VP** ☒ Change ☐ Addition  
NAME **McGrath, Matthew**  
STREET ADDRESS **106 Via Quentera**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE **T** ☒ Change ☐ Addition  
NAME **Pollack, Anthony**  
STREET ADDRESS **128 Via Quentera**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE **S** ☐ Change ☒ Addition  
NAME **Smith, Marc**  
STREET ADDRESS **122 Via Quentera**  
CITY-ST-ZIP **PB G FL 33418**

TITLE **D** ☐ Change ☐ Addition  
NAME **Szapucki, Matthew**  
STREET ADDRESS **136 Via Quentera**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Secretary 4-7-08 626-8203*