

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04347

FILED
Mar 02, 2009
Secretary of State

Entity Name: QUATRAINE CONDOMINIUM IV ASSOCIATION, INC.

Current Principal Place of Business:

12350 SW 132 COURT
SUITE 114
MIAMI, FL 33186

New Principal Place of Business:

310 NW 72 AVE
SUITE 113
MIAMI, FL 33122

Current Mailing Address:

12350 SW 132 COURT
SUITE 114
MIAMI, FL 33186

New Mailing Address:

310 NW 72 AVE
SUITE 113
MIAMI, FL 33122

FEI Number: 59-2459390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALBERG, MICHAEL
10800 BISCAYNE BLVD
STE 988
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMSEY, PAMELA
Address: 20260 NE 3 COURT #1
City-St-Zip: MIAMI, FL 33179

Title: VPD () Delete
Name: HALL, CHARLOTTE
Address: 20270 NE 3RD CT #5
City-St-Zip: MIAMI, FL 33179

Title: TD () Delete
Name: ROTBERG, MITCHELL
Address: 20260 NE 3 CT # 6
City-St-Zip: MIAMI, FL 33179

Title: SD () Delete
Name: FRIEDLANDER, ROBERT
Address: 20260 NE 3RD CT #8
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATHEW CICERO

MGR

03/02/2009

Electronic Signature of Signing Officer or Director

Date