

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000006864**

1. Entity Name  
**QUAIL ROOST COMMERCE CENTER CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**18625 SW 107 AVENUE  
MIAMI, FL 33157 US**

Mailing Address  
**P.O. BOX 160365  
MIAMI, FL 33116 US**



04132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3523216**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROSE, ELLEN  
ONE SOUTHEAST THIRD AVENUE SUITE 2400  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BLAYLOCK, SHANON 10650 SW 186 STREET MIAMI, FL 33157</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S COLONNA, WAYNE 18639 SW 107 AVENUE MIAMI, FL 33157</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HECHTMAN, BARRY 8100 SW 81 DRIVE, # 210 MIAMI, FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000730467  
05/08/07-80082-018 61.25

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IN THIS SPACE**

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:

*B. Hechtman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

Date

Daytime Phone #