

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90014 050 ****61.25

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**

40069475



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

8100 SW 81 Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33143

US

03262008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

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 **BLAYLOCK, SHANON**
STREET ADDRESS **10650 SW 186 STREET**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **S** ☐ Delete
NAME **COLONNA, WAYNE**
STREET ADDRESS **18639 SW 107 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **T.** ☐ Delete
NAME **HECHTMAN, BARRY**
STREET ADDRESS **8100 SW 81 DRIVE, # 210**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

B. Hechtman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08

Date

Daytime Phone #