

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 08, 2009  
Secretary of State**

DOCUMENT# N05000006864

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

**Current Principal Place of Business:**

18625 SW 107 AVENUE  
MIAMI, FL 33157 US

**New Principal Place of Business:**

8100 SW 81 DRIVE  
SUITE 210  
MIAMI, FL 33143 US

**Current Mailing Address:**

8100 SW 81 DRIVE  
SUITE 210  
MIAMI, FL 33143 US

**New Mailing Address:**

8100 SW 81 DRIVE  
SUITE 210  
MIAMI, FL 33143 US

**FEI Number:** 20-3523216      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSE, ELLEN  
ONE SOUTHEAST THIRD AVENUE SUITE 2400  
MIAMI, FL 33131 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: P ( ) Delete  
Name: BLAYLOCK, SHANON  
Address: 10650 SW 186 STREET  
City-St-Zip: MIAMI, FL 33157 US

Title: S ( ) Delete  
Name: COLONNA, WAYNE  
Address: 18639 SW 107 AVENUE  
City-St-Zip: MIAMI, FL 33157 US

Title: T ( ) Delete  
Name: HECHTMAN, BARRY  
Address: 8100 SW 81 DRIVE, # 210  
City-St-Zip: MIAMI, FL 33143 US

**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:

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: BARRY I HECHTMAN

T

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date