

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13719

FILED
Apr 13, 2009
Secretary of State

Entity Name: QUATRAINE AT JACARANDA GARDENS, CONDOMINIUM ONE ASSOCIATION, INC.

Current Principal Place of Business:

9840 N.W. 3RD STREET
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

WEST BROWARD COMM. MGMT
P.O. BOX 551390
DAVIE, FL 33355

New Mailing Address:

FEI Number: 59-2862174 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WEST BROWARD COMM. MGMT.
11530 STATE RD. #84
DAVIE, FL 33325 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: SCHAPS, LARRY
Address: 9850 NW 3RD CT
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: DT () Delete
Name: WALLACE, CONNIE
Address: 9840 N.W. 3RD STREET
City-St-Zip: PLANTATION, FL 33324

Title: VP () Delete
Name: AGOSTINO, SHIRLEY
Address: 9805 NW 3RD ST
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: DEATER, VICKI
Address: 9851 NW 3 CT
City-St-Zip: PLANTATION, FL 33324

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: LARRY SCHAPS

P

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date