

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13719

FILED
Apr 24, 2012
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:

C/O WEST BROWARD COMMUNITY MANAGEMENT, INC
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317

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 COMMUNITY MANAGEMENT
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317 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: DT
Name: WALLACE, CONNIE
Address: 9840 N.W. 3RD STREET
City-St-Zip: PLANTATION, FL 33324

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

Title: P
Name: DEATER, VICKI
Address: 9851 NW 3 CT
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: LAFRANCE, JEFF
Address: 9844 NW 3 ST
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: MANZO, SHERLINE
Address: 600 SE 3RD AVE
City-St-Zip: EMPLOYEE & LABOR RELATIONS
FT. LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: CONNIE WALLACE

T

04/24/2012

Electronic Signature of Signing Officer or Director

Date