

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 17 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24504** (5)

1. Corporation Name

QUATRAINE THREE - PHASE 1 HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4700 HIATUS RD
STE 251
SUNRISE FL 33351
US**

**P O BOX 451418
SUNRISE FL 33345
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1988

3a. Date of Last Report

04/12/1994

4. FEI Number

65-0020967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATERS, BARBARA E
C/O DIVERSIFIED MGMT SERVICES
4700 HIATUS RD STE 251
SUNRISE FL 33351**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	FADICK, GREG
STREET ADDRESS	812 NW 99TH AVE
CITY - ST - ZIP	PLANTATION FL
TITLE	VD
NAME	GRAD, DAVID
STREET ADDRESS	9941 NW 9TH CT
CITY - ST - ZIP	PLANTATION FL
TITLE	SD
NAME	FEINBLUM, BRIAN
STREET ADDRESS	852 NW 98TH AVE
CITY - ST - ZIP	PLANTATION FL
TITLE	TD
NAME	GOLDER, EVELYN
STREET ADDRESS	9945 NW 9TH CT
CITY - ST - ZIP	PLANTATION FL
TITLE	D
NAME	MEEHAN, SUSAN
STREET ADDRESS	9833 NW 9TH CT
CITY - ST - ZIP	PLANTATION FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	DELETE THIS PERSON
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	P/D ☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	DELETE THIS PERSON
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	VP/D BROWN, WILLIAM
6.3 STREET ADDRESS	9925 NW 9th Ct.
6.4 CITY - ST - ZIP	Plantation, FL 33323

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or given attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95 305572-1880