

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N24504** (5)

1. Corporation Name  
**QUATRINE THREE - PHASE 1 HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business: **4700 HIATUS RD STE 251 SUNRISE FL 33351 US**  
Mailing Address: **P O BOX 451418 SUNRISE FL 33345 US**

3. Date Incorporated or Qualified: **01/26/1988**  
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business: **21 8471 W. Oakland Pk Blvd**  
22 City & State: **23 Sunrise, FL**  
24 Zip: **33351**  
25 Country: **26 Broward**  
27 Suite, Apt. #, etc.:  
28 City & State:  
29 Zip:  
30 Country:

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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**WATERS, BARBARA E  
C/O DIVERSIFIED MGMT SERVICES  
4700 HIATUS RD STE 251  
SUNRISE FL. 33351**

10. Name and Address of New Registered Agent  
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 617.0502 and 617.1508, 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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Barbara E. Waters* DATE: **2-21-96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, WILLIAM</b>	1.2 NAME
STREET ADDRESS	<b>9925 NW 9TH COURT</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>PLANTATION FL</b>	1.4 CITY-ST-ZIP
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAD, DAVID</b>	2.2 NAME
STREET ADDRESS	<b>9941 NW 9TH CT</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>PLANTATION FL</b>	2.4 CITY-ST-ZIP
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEINBLUM, BRIAN</b>	3.2 NAME
STREET ADDRESS	<b>852 NW 98TH AVE</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>PLANTATION FL</b>	3.4 CITY-ST-ZIP
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDER, EVELYN</b>	4.2 NAME
STREET ADDRESS	<b>9945 NW 9TH CT</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>PLANTATION FL</b>	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 on an attachment with an address.

SIGNATURE: *Brian Feinblum* DATE: **2/21/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRE037 (12/95)