

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N24504 (5)**

1. Corporation Name

QUATRAINE THREE - PHASE 1 HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

**8471 W OAKLAND PARK BLVD
SUNRISE FL 33351
US**

Mailing Address

**P O BOX 451418
SUNRISE FL 33345-1418
US**3. Date Incorporated or Qualified
01/26/19883a. Date of Last Report
03/01/1996

2. Principal Place of Business

21 8457 W. Oakland Park Blvd.

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sunrise, FL

City & State

28

Zip

24 33351

Country

25 USA

Zip

29

Country

30

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

WATERS, BARBARA E.

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

C/O DIVERSIFIED MANAGEMENT SERVICES

83

8457 W. Oakland Park Blvd.

84 City

Sunrise,**FL**

85 Zip Code

33351

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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Barbara E. Waters***2/5/97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE**NAME GRAD, DAVID
STREET ADDRESS 9941 NW 9TH CT
CITY-ST-ZIP PLANTATION FL**TITLE **SD** ☐ DELETE**NAME FEINBLUM, BRIAN
STREET ADDRESS 852 NW 98TH AVE
CITY-ST-ZIP PLANTATION FL**TITLE **TD** ☐ DELETE**NAME GOLDER, EVELYN
STREET ADDRESS 9945 NW 9TH CT
CITY-ST-ZIP PLANTATION FL**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TD** ☐ Change ☒ Addition**1.2 NAME MCDONALD, WAYNE
1.3 STREET ADDRESS 839 NW 98TH AVE.
1.4 CITY-ST-ZIP PLANTATION, FL 33324**2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **PD** ☒ Change ☐ Addition**3.2 NAME GOLDER, EVELYN
3.3 STREET ADDRESS 9945 NW 9TH CT
3.4 CITY-ST-ZIP PLANTATION, FL 33324**4.1 TITLE **D** ☐ Change ☒ Addition**4.2 NAME FLORES, CARLOS
4.3 STREET ADDRESS 9941 NW 9TH CT.
4.4 CITY-ST-ZIP PLANTATION, FL 33324**5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, upon an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

2/5/97 (954) 572-1880

Date

Daytime Phone # **0037754**

CR2E037 (9/96)