

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N24504

1. Entity Name

QUATRAINE THREE - PHASE 1 HOMEOWNERS' ASSOCIATIO

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90024 036 \*\*\*\*61.25

Principal Place of Business		Mailing Address	
8457 W OAKLAND PARK BLVD. SUNRISE FL 33351 US		P O BOX 451418 SUNRISE FL 33345-1418 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0020967	Applied For	<input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WATERS, BARBARA E  
C/O DIVERSIFIED MGMT SERVICES  
8457 W OAKLAND PARK BLVD  
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name			
Street Address (P.O. Box Number is Not Acceptable)			
City	FL	Zip Code	

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, WAYNE	
STREET ADDRESS	839 NW 98TH AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLDER, EVELYN	
STREET ADDRESS	9945 NW 9TH CT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FLORES, CARLOS	
STREET ADDRESS	9941 NW 9TH CT.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SIGAL, BRIAN	
STREET ADDRESS	828 NW 98TH AVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TARNOWSKY, JEFFERY	
STREET ADDRESS	9957 NW 9 COURT	
CITY-ST-ZIP	PLANTATION FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEPEDA, HENRY	
STREET ADDRESS	9901 NW 9 COURT	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZACCARDO, MICHELLE	
STREET ADDRESS	9921 NW 9 Court	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARR, VIVIAN	
STREET ADDRESS	883 NW 99 Avenue	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNHARD, SHARI	
STREET ADDRESS	878 NW 99 Avenue	
CITY-ST-ZIP	Plantation, Florida 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE REQUIRED

3.28.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)