

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90009 040 ****61.25

DOCUMENT # N24504

1. Entity Name

QUATRAINE THREE - PHASE11 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

8457 W. Oakland Pk. Blvd.
 Sunrise, FL 33351

Mailing Address

P.O. Box 451418
 Sunrise, FL 33345

2. Principal Place of Business

c/o Castle Mgmt., Inc.

3. Mailing Address

c/o Castle Management, Inc.

Suite, Apt. #, etc.

4450 W. Sunrise Blvd., C100

Suite, Apt. #, etc.

P.O. Box 189013

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

65-0020967

Applied For

Not Applicable

Zip

33313

Country

US

Zip

33318

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Waters, Barbara E.
 Diversified Mgmt. Services
 8457 W. Oakland Park Blvd.
 Sunrise, FL 33351

7. Name and Address of New Registered Agent

Name
 Castle Management, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 4450 W. Sunrise Boulevard
 Suite C-100
 City
 Plantation FL Zip Code
 33313

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 Gail H. Sangunett Gail H. Sangunett, VP - Administration 1/12/01

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
 NAME PD
 STREET ADDRESS Flores, Carl
 CITY-ST-ZIP 9941 NW 9th Court
 Plantation, FL ☐ Delete

TITLE
 NAME VD
 STREET ADDRESS Sigal, Brian
 CITY-ST-ZIP 828 NW 98th Avenue
 Plantation, FL ☒ Delete

TITLE
 NAME SD
 STREET ADDRESS Tarnowsky, Jeffrey
 CITY-ST-ZIP 9957 NW 9th Court
 Plantation, FL ☒ Delete

TITLE
 NAME TD
 STREET ADDRESS McDonald, Wayne
 CITY-ST-ZIP 839 NW 98th Avenue
 Plantation, FL ☒ Delete

TITLE
 NAME D
 STREET ADDRESS Golder, Evelyn
 CITY-ST-ZIP 9945 NW 9th Court
 Plantation, FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME VD
 STREET ADDRESS Cepeda, Henry E. M.
 CITY-ST-ZIP 9901 NW 9th Ct.
 Plantation, FL 33324 ☐ Change ☒ Addition

TITLE
 NAME SD
 STREET ADDRESS BERNARD, SHARI
 CITY-ST-ZIP 878 NW 99th AVE.
 PLANTATION, FL 33324 ☐ Change ☒ Addition

TITLE
 NAME TD
 STREET ADDRESS KARR, VIVIAN
 CITY-ST-ZIP 883 NW 99th AVE.
 PLANTATION, FL 33324 ☐ Change ☒ Addition

TITLE
 NAME D
 STREET ADDRESS ZACCARDO, MICHELLE
 CITY-ST-ZIP 9921 NW 9th Ct.
 PLANTATION, FL 33324 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl Flores Carl Flores, President 3/12/01 (954) 792-6000

Date

Daytime Phone #

CR2E037 (1/1/00)