2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
04-09-2002 90042 042 ****61.25

27101

DO NOT WRITE IN THIS SPACE

DOCUMENT # N24504

1. Entity Name

QUATRAINE THREE - PHASE 1 HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CASTLE MGMT., INC 4450 W. SUNRISE BLVD., C100 PLANTATION FL 33313 US	C/O CASTLE MGMT., INC 4450 W. SUNRISE BLVD., C100 PLANTATION FL 33313 US

2. Principal Place of Business	3. Mailing Address
C/O COOPERATIVE MGMT SERV	C/O COOPERATIVE MGMT SERVICES
Suite, Apt. #, etc.: Suite D	Suite, Apt. #, etc.: Suite D
City & State: FORT LAUDERDALE FL	City & State: FORT LAUDERDALE FL
Zip: 33319 Country: USA	Zip: 33319 Country: USA

4. FEI Number 65-0020967 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTLE MANAGEMENT, INC 4450 W. SUNRISE BLVD SUITE C-100 PLANTATION FL 33313	Name: COOPERATIVE MANAGEMENT SERVICES Street Address (P.O. Box Number is Not Acceptable): 5310 N. STATE RD 7 Suite D City: FORT LAUDERDALE FL Zip Code: 33319

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: COOPERATIVE MANAGEMENT SERVICES PRES COOPERATIVE MANAGEMENT SERVICES DATE: 3/7/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP				
TITLE	TD	☒ Delete	DIRECTOR	☐ Change ☒ Addition
NAME	MCDONALD, WAYNE		GONOMIKES, PETER	
STREET ADDRESS	839 NW 98TH AVE		9904 NW 9TH COURT	
CITY-ST-ZIP	PLANTATION FL		PLANTATION, FL 33324	
TITLE	VD	☒ Delete	DIRECTOR	☐ Change ☒ Addition
NAME	CEPEDA, HENRY E.M.		PEARCE, EARL	
STREET ADDRESS	9901 NW 9TH CT		9946 NW 9TH COURT	
CITY-ST-ZIP	PLANTATION FL 33324		PLANTATION, FL 33324	
TITLE	SD	☒ Delete	PRESIDENT	☒ Change ☒ Addition
NAME	BERNARD, SHARI		BERNARD SHARI	
STREET ADDRESS	878 NW 99TH AVE		878 NW 99TH AVE	
CITY-ST-ZIP	PLANTATION FL 33324		PLANTATION FL 33324	
TITLE	TD	☐ Delete		☐ Change ☐ Addition
NAME	KARR, VIVIAN			
STREET ADDRESS	883 NW 99TH AVE			
CITY-ST-ZIP	PLANTATION FL 33324			
TITLE	D	☒ Delete	SECRETARY	☐ Change ☒ Addition
NAME	ZACCARDO, MICHELLE		DEALUNA, MARTY	
STREET ADDRESS	9921 NW 9TH CT		805 NW 99TH AVE	
CITY-ST-ZIP	PLANTATION FL 33324		PLANTATION, FL 33324	
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

CR2E037 (9/01)

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: SHARI BERNARD SHERI BERNARD 3/21/02 954 731-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #