

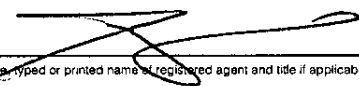
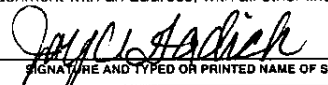


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90010 039 ****70.00

DOCUMENT # N24504 1. Entity Name QUATRAINE THREE - PHASE 1 HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2950 N 28TH TERR HOLLYWOOD, FL 33020 US				Mailing Address 2950 N 28TH TERR HOLLYWOOD, FL 33020 US	
2. Principal Place of Business <i>2950 N 28th Terrace</i> Suite, Apt. #, etc.		3. Mailing Address <i>2950 N 28 Terrace</i> Suite, Apt. #, etc.		44009962 	
City & State <i>Hollywood FL 33020</i>		City & State <i>Hollywood FL</i>		4. FEI Number 65-0020967	
Zip <i>33020</i>		Country <i>Broward</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALANCY, STEVEN S PA 311 SE 13TH STREET FORT LAUDERDALE, FL 33316				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <i>Steven Valancy</i> <i>02-01-04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNHARD, SHARI 878 N 99TH AVE PLANTATION, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gil Gauck 9977 NW 9th CT Plantation FL 33324
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KARR, VIVAN 883 NW 99 AVE PLANTATION, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Todd Onore 9925 NW 9th CT Plantation FL 33324
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FADICK, JOYCE 812 NW 99 AVE PLANTATION, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Greg Fadick 812 NW 99 AVE Plantation FL 33324
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAUCK, GIL 9977 NW 9TH CT PLANTATION, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shari Bernhardt Director Shari Bernhardt 878 N 99th Avenue Plantation FL 33324
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPELOW, JUDY 9933 NW 9TH CT PLANTATION, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONORE, TODD 9925 NW 9TH CT PLANTATION, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Vivian Karr 883 NW 99 Ave Plantation FL 33324
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:  <i>Joyce Fadick, Sec.</i> <i>1-30-04</i> <i>954-474-8875</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					