

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N24504

1. Entity Name  
QUATRAINE THREE - PHASE 1 HOMEOWNERS'  
ASSOCIATION, INC.



FILED

06 MAR 23 AM 11:13

FLORIDA DEPARTMENT OF  
STATE

Principal Place of Business  
2950 N 28TH TERRACE  
HOLLYWOOD, FL 33020 US

Mailing Address  
2950 N 28TH TERRACE  
HOLLYWOOD, FL 33020 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282006 Chg-NP CR2E037 (11/05)

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

VALANCY, STEVEN S PA  
311 SE 13TH STREET  
FORT LAUDERDALE, FL 33316

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

100069586801  
04/06/06--01012--012 3/29

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GAUCK, GIL	
STREET ADDRESS	9977 NW 9TH CT	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ONORE, TODD	
STREET ADDRESS	9925 NW 9TH CT	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FADICK, JOYCE	
STREET ADDRESS	812 NW 99 AVE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FADICK, GREG	
STREET ADDRESS	812 NW 88 AVE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOPELOW, JUDY	
STREET ADDRESS	9933 NW 9TH CT	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	T	<input type="checkbox"/> Delete
NAME	KARR, VIVIAN	
STREET ADDRESS	883 NW 99 AVE	
CITY-ST-ZIP	PLANTATION, FL 33324	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA MOORE	
STREET ADDRESS	2950 N. 28 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT VIANOS	
STREET ADDRESS	2950 N. 28 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARI BRINHARD	
STREET ADDRESS	2950 N. 28 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT SCHWARTZMEY	
STREET ADDRESS	2950 N. 28 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY STULGIS	
STREET ADDRESS	2950 N. 28 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA MUCHA-SANCHEZ	
STREET ADDRESS	2950 N. 28 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

Barbara Moore

2-28-06