

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90236 039 ****61.25

DOCUMENT # N24504

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



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

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

40065470



2. Principal Place of Business No. P.O. Box #
 11606 NW 19th Dr.

3. Mailing Address
 P.O. Box 770850

Suite, Apt. #, etc.

03192007 Chg-NP CR2E037 (12/06)

City & State
 Coral Springs, FL

City & State
 Coral Springs, FL

Zip Country
 33071 US

Zip Country
 33077 US

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

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

7. Name and Address of New Registered Agent

Name
 Chapnick Community Assoc, Law, P.A.

Street Address (P.O. Box Number is Not Acceptable)
 100 East Dinton Blvd

Suite 102-B

City
 Delray Beach

FL Zip Code
 33483

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 *Michael E. Chapnick* 3/28/07

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

Filing Fee is \$61.25
Due by May 1, 2007

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 type="checkbox"/> Delete
NAME	MOORE, BARBARA	
STREET ADDRESS	2950 N 28 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	X V	<input type="checkbox"/> Delete
NAME	VIANDS, ROBERT	
STREET ADDRESS	2950 N 28 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	V	<input type="checkbox"/> Delete
NAME	BERNHARD, SHARI	
STREET ADDRESS	2950 N 28 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZMAN, ROBERT	
STREET ADDRESS	2950 N 28 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	S	<input type="checkbox"/> Delete
NAME	STULGIS, TERRY	
STREET ADDRESS	2950 N 28 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *Greg Moore* 3-19-07 954-370-3533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara Moore Barbara Moore

Date Daytime Phone #