
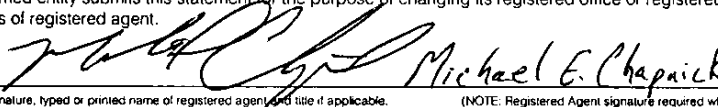
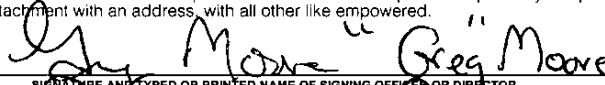


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N24504</b> 1. Entity Name <b>QUATRINE THREE - PHASE 1 HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>2950 N 28TH TERRACE HOLLYWOOD, FL 33020 US</b>		Mailing Address <b>2950 N 28TH TERRACE HOLLYWOOD, FL 33020 US</b>	
2. Principal Place of Business - No P.O. Box # <b>11606 NW 19th Dr.</b>		3. Mailing Address <b>P.O. Box 770850</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Coral Springs, FL</b>		City & State <b>Coral Springs, FL</b>	
Zip <b>33071</b>		Zip <b>33077</b>	
Country <b>US</b>		Country <b>US</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>VALANCY, STEVEN S PA 311 SE 13TH STREET FORT LAUDERDALE, FL 33316</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Chapnick Community Assoc, Law, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 East Dinton Blvd</b> Suite <b>Suite 102-B</b> City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33483</b>	
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  <b>Michael E. Chapnick</b> <b>3/28/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P MOORE, BARBARA 2950 N 28 TERRACE HOLLYWOOD, FL 33020</b>	<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 <b><del>X</del> V VIANDS, ROBERT 2950 N 28 TERRACE HOLLYWOOD, FL 33020</b>	<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 <b>V BERNHARD, SHARI 2950 N 28 TERRACE HOLLYWOOD, FL 33020</b>	<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 <b>D SCHWARTZMAN, ROBERT 2950 N 28 TERRACE HOLLYWOOD, FL 33020</b>	<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 <b>S STULGIS, TERRY 2950 N 28 TERRACE HOLLYWOOD, FL 33020</b>	<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 <b>T KARR, VIVIAN 883 NW 99 AVE PLANTATION, FL 33324</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>Greg Moore</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3-19-07</b> <b>954-370-3533</b> <small>Date Daytime Phone #</small>	

40065470



03192007 Chg-NP CR2E037 (12/06)