

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90019 006 ****61.25

DOCUMENT # N24504

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



Principal Place of Business
**11606 NW 19TH DR
POMPANO BEACH, FL 33071 US**

Mailing Address
**PO BOX 770850
CORAL SPRINGS, FL 33077 US**

60046417



07092008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0020967

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CHAPNICK COMM. ASSC. LAW P.A.
100 EAST LINTON BLVD
SUITE 102 B
DELRAY BEACH, FL 33483**

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

**Filing Fee is \$61.25
Due by September 12, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **MOORE, BARBARA**
STREET ADDRESS **2950 N 28 TERRACE**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE **D** ☐ Change ☒ Addition
NAME **Antonio Sanchez + Lisa -**
STREET ADDRESS **Mucha-Sanchez**
CITY-ST-ZIP **843 NW 98 Ave
Plantation, FL 33324**

TITLE **VP** ☐ Delete
NAME **VIANDS, ROBERT**
STREET ADDRESS **2950 N 28 TERRACE**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE **D** ☐ Change ☒ Addition
NAME **JENE SKAAR**
STREET ADDRESS **9958 NW 9 Ct**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE **VS** ☐ Delete
NAME **BERNHARD, SHARI**
STREET ADDRESS **2950 N 28 TERRACE**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **SCHWARTZMAN, ROBERT**
STREET ADDRESS **2950 N 28 TERRACE**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SP** ☐ Delete
NAME **STULGIS, TERRY**
STREET ADDRESS **2950 N 28 TERRACE**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **KARR, VIVIAN**
STREET ADDRESS **883 NW 99 AVE**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ Change ☐ 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: **Robert Viands** **Robert Viands**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-30-08 **954-255-4338**
Date Daytime Phone #