

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002300 (0)**

1. Corporation Name

QUATRO BUILDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
2009 TRADE CENTER WAY 801 LAUREL OAK DRIVE SUITE 640 NAPLES FL 34109 US	2009 TRADE CENTER WAY 801 LAUREL OAK DRIVE SUITE 640 NAPLES FL 34109 US

3. Date Incorporated or Qualified	05/10/1995
4. FEI Number	65-0854070
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2009 Trade Center Way	26 2009 Trade Center Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Naples, Florida	28 Naples, Florida
Zip	Zip
24 34109	29 34109
Country	Country
25 U.S.	30 U.S.

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
THOMAS E. KILLEN 2009 TRADE CENTER WAY SUITE 640 NAPLES FL 34109	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	KILLEN, THOMAS E.
STREET ADDRESS	2009 TRADE CENTER WAY
CITY-ST-ZIP	NAPLES FL
TITLE	VSD <input checked="" type="checkbox"/> DELETE
NAME	RIESS, ROBERT
STREET ADDRESS	2011 TRADE CENTER WAY
CITY-ST-ZIP	NAPLES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RIESS, ROBERT
STREET ADDRESS	1201 RAINBOW COURT
CITY-ST-ZIP	NAPLES FL 33983
TITLE	D <input type="checkbox"/> DELETE
NAME	LARM DEMMINK
STREET ADDRESS	1225 HAYES ST.
CITY-ST-ZIP	MARNE MI
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NOVAK, MIKE
2.3 STREET ADDRESS	2011 Trade Center Way
2.4 CITY-ST-ZIP	Naples, FL 34109
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Novak, Mike
3.3 STREET ADDRESS	2011 Trade Center Way
3.4 CITY-ST-ZIP	Naples, FL 34109
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  2/5/98 (941) 591-3130

CP2E037 (10/97)