

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90279 011 ****61.25

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DOCUMENT # N95000002300

1. Corporation Name

QUATRO BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2009 TRADE CENTER WAY
~~801 LAUREL OAK DRIVE SUITE 640~~
NAPLES FL 34109
US

Mailing Address

2009 TRADE CENTER WAY
~~801 LAUREL OAK DRIVE SUITE 640~~
NAPLES FL 34109
US



2. Principal Place of Business

21 2009 Trade Centerway
Suite, Apt. #, etc.

22

23 Naples FL
City & State

24 34109 25 US
Zip Country

2a. Mailing Address

26 2009 Trade Centerway
Suite, Apt. #, etc.

27

28 Naples FL
City & State

29 34109 30 US
Zip Country

3. Date Incorporated or Qualified

05/10/1995

4. FEI Number

65-0854070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Denise Novak

82 Street Address (P.O. Box Number is Not Acceptable)

2011 Trade Center way

83

84 Naples
City

FL

85 34109
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 Denise Novak Vice Pres.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/2/99

12.

OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE

NAME KILLEN, THOMAS E.
STREET ADDRESS 2009 TRADE CENTER WAY
CITY-ST-ZIP NAPLES FL

TITLE VSD ☐ DELETE

NAME NOVAK, MIKE
STREET ADDRESS 2011 TRADE CENTER WAY
CITY-ST-ZIP NAPLES FL 34109

TITLE D ☒ DELETE

NAME NOVAK, MIKE
STREET ADDRESS 1291 RAINBOW COURT
CITY-ST-ZIP NAPLES FL 34109

TITLE D ☐ DELETE

NAME LARM DEMMINK
STREET ADDRESS 1225 HAYES ST.
CITY-ST-ZIP MARNE MI

TITLE VSD ☐ DELETE

NAME Novak, Denise
STREET ADDRESS 2011 Trade Centerway
CITY-ST-ZIP Naples FL 34109

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE PTD ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE VSD ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Novak, Denise ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Denise Novak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Denise Novak 3/2/99 941-514-4904

CR2E037 (11/98)