


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000002300 1. Entity Name QUATRO BUILDING CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2011 TRADE CENTER WAY NAPLES, FL 34109 US	Mailing Address 2011 TRADE CENTER WAY NAPLES, FL 34109 US
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01282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0584070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAFENBRACK, BRIAN V VP
 2011 TRADE CENTER WAY
 NAPLES, FL 34109

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

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUDLEY, CHRISTOPHER P 2011 TRADE CENTER WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAFENBRACK, BRIAN V 2011 TRADE CENTER WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STTR HAFENBRACK, BRIAN V 2011 TRADE CENTER WAY NAPLES, FL 34109
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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. Hafenbrack, VP* 1/28/08 239-450-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #