## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9500002300

Entity Name

## QUATRO BUILDING CONDOMINIUM ASSOCIATION, INC.



Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90154 042 \*\*\*150.00

**FILED** 

Maling Address 202 TRADE CENTER WYY NAPLES FL 34109 US  2. Principal Place of Business Suite, Apt. #, otc.  Suite, Apt. #, otc.  Suite, Apt. #, otc.  City & State  City &	2009 TRADE CENTER WAY NAPLES FL 34109 US  2. Principal Place of Business Suite, Apt. #, etc.  City & State  Zip Country  6. Name and Address of Current Regist  NOVAK, DENISE 2011 TRADE CENTER WAY NAPLES FL 34109  8. The above named entity submits this statement for the p the obligations of registered agent:  SIGNATURE	9 TRADE CENTER WAY PLES FL 34109 Mailing Address		Annual Control			
NAPLES FL 34109  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zp  Country  S. Certificate of Status Desired  Suite, Apt. #, etc.  NOVAK, DENISE  2011 TRADE CENTER WAY NAPLES FL 34109  TITLE  NOW: FEE IS \$61.25  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desired  Replicable  Name  Novak, Denise  Suite Address of Current Registered Agent  7. Name and Address of New Registered Agent  Suite Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Suite Address (P.O. Box Number is Not Acceptable)  To the poligators of registered agent. or both, in the State of Florida. I am familiar with, and accept the poligators of registered agent. or both, in the State of Florida. I am familiar with, and accept the poligators of registered agent. or both, in the State of Florida. I am familiar with, and accept the poligators of registered agent. or both, in the State of Florida. I am familiar with, and accept the poligators of registered agent. or both, in the State of Florida. I am familiar with, and accept the poligators of registered agent. or both, in the State of Florida. I am familiar with, and accept the poligators of registered agent. or both, in the State of Florida. I am familiar with, and accept the poligators of registered agent. or both, in the State of Florida. I am familiar with, and accept the poligators of registered agent. or both, in the State of Florida. I am familiar with, and accept the poligators of registered agent. or both, in the State of Florida. I am familiar with, and accept the poligators of registered agent. or both, in the State of Florida. I am familiar with, and accept the poligators of registered agent. or both, in the State of Florida. I am familiar with, a	NAPLES FL 34109 US  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip  Country  6. Name and Address of Current Regist  NOVAK, DENISE 2011 TRADE CENTER WAY NAPLES FL 34109  8. The above named entity submits this statement for the p the obligations of registered agent:  SIGNATURE	PLES FL 34109  Mailing Address					
US  2. Principal Place of Business  3. Mailing Address  Suile, Apt. # otc.   Check Here is Making Changes  City & State   City & State   City & State   A. Fet Number 65-0854070   Applied For Most Applicable   M	2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country  6. Name and Address of Current Regist  NOVAK, DENISE 2011 TRADE CENTER WAY NAPLES FL 34109  8. The above named entity submits this statement for the p the obligations of registered agent:  SIGNATURE	Mailing Address					
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NOVAK, DENISE 2011 TRADE CENTER WAY NAPLES FL 34109  8. The above named entity submits this statement for the purpose of changing its registered Agent signature regained when reintasting)  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  7. Name and Address of New Registered Agent.  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  DATE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  The Address (P.O. Box Number is Not Acceptable)  DATE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Agent signature regained when reintasting)  Trust Fund Contribution.  Addition NoWAK, MIKE  2011 TRADE CENTER WAY NOVAK, MIKE 2011 TRADE CENTER WAY NAPLES FL 34109  TITLE NAME NOVAK, DENISE 2011 TRADE CENTER WAY NAPLES FL 34109  TITLE NAME NOVAK, DENISE 2011 TRADE CENTER WAY NAPLES FL 34109  TITLE NAME NOVAK, DENISE 2011 TRADE CENTER WAY NAPLES FL 34109  TITLE NAME NAME NOVAK, DENISE 2011 TRADE CENTER WAY NAPLES FL 34109  TITLE NAME NAME NOVAK, DENISE 2011 TRADE CENTER WAY NAPLES FL 34109  TITLE NAME NAME NOVAK, DENISE 2011 TRADE CENTER WAY NAPLES FL 34109  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	6. Name and Address of Current Regist  NOVAK, DENISE 2011 TRADE CENTER WAY NAPLES FL 34109  8. The above named entity submits this statement for the p the obligations of registered agent:  SIGNATURE			4. TET NUMBER 65-0	854070 		·
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STREET ADDRESS CITY-ST-ZIP

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in indicated on this report or supplemental report is true and accurate and that my signature shall have of the corporation or the receiver or trustee empowered to execute this report as required by Changed, or on an attachment with an address, with all other like empowered.

(i), Florida Statutes. I further certify that the information reflect as if made under oath; that I am an officer or director itatutes; and that my name appears in Block 10 or Block 11 if

4-21-03

239-514-4904

SIGNATURE:

NAME STREET ADDRESS